

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13617
Do not use this space.791
1003

Registered No. 3959

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1
(b) Township 2 Primary Registration District No. 1003
(c) City St. Louis (d) Street No. St. Lukes Hospital St. St. Lukes Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Patricia Ann Weigman
(a) Residence, No. WR St. Jacksonville, Ill.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 10

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jacksonville, Ill.
(STATE OR COUNTRY)

FATHER
13. NAME Ernest Weigman

14. BIRTHPLACE (CITY OR TOWN) Beardstown, Ill.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mildred Hickman

16. BIRTHPLACE (CITY OR TOWN) Browning, Ill.
(STATE OR COUNTRY)

17. INFORMANT Mrs Hazel Bayless
(ADDRESS) Jacksonville, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beardstown, Ill. DATE 4-29, 1939

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.
(ADDRESS) 4700 Washington, Blvd.

20. FILED APR 28 1939 J. F. Bruders
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/12/1939 to 4/27/1939

I last saw her alive on 4/27/1939. Death is said to have occurred on the date stated above, at 9:05 p.m.

The principal cause of death and related causes of importance were as follows:

Meningitis, epidemic non-epidemic

Contributory causes of importance:
St. Jermal hydrocephalus
Cerebellar sinus

Date of onset

Name of operation Craniotomy Date of 4/14/39
What test confirmed diagnosis? L. Punct. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
(Signed) William H. Gray, M. D.
(Address) St. Lukes Hspl.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

J. G. Sullivan

Licensed Embalmer No. 1122

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)