DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37777

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 9616

1. PLACE OF DEATH:

(a) County 1

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County St. Louis

(c) City or town Brentwood N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 8823 Powell Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME AUGUST L. WEIDINGER 252

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Weidinger 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August 3, 1889
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Service Station Proprietor

11. Industry or business Service Station

FATHER
12. Name Nicholas Weidinger
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Gleich
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Mary Weidinger
(b) Address 8823 Powell Ave. Brentwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 39
(Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul Cem

18. (a) Signature of funeral director M J Croghan
(b) Address 7146 Manchester Ave.

19. (a) NOV 10 1939 (Date received local registrar) (b) J F Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9.
year 1939 hour 9 minute 15 p.M.

21. I hereby certify that I attended the deceased from July 9, 19__, to Nov. 9, 1939;
that I last saw h[illegible] alive on Nov. 9, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ulceration of Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Perforation of Ulceration
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature [illegible] (M. D. or other)
Address 1918 East Grand Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39

1918. E. Grand.
Dr Ross

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Francis G. Williamson

Licensed Embalmer No. 3565

P. O. Address 7246 MANCHESTER AV.

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.)

If this body is not embalmed, above space should be left blank.