No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12378

Primary Registration District No. 200

Registrar's No. 665

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town LEMAY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 252 WACHTEL AV.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
years, months or days) 2-17

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

(c) City or town LEMAY
(If outside city or town limits, write "RURAL")

(d) Street No. 252 WACHTEL. AV.
(If rural, give location)

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

3. (a) PRINT FULL NAME KATHERINE WEIK.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased FEB (Month) 9 (Day) 1870 (Year)

8. AGE: Years 70 Months 1 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace ST LOUIS CO (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name MATHEIS WEIK. 6
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name MARY OTZENBERGER 10
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant SAMUEL WEIK
(b) Address 252 WACHTEL. AV.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/8/40 (Month) (Day) (Year)
(c) Place: burial or cremation MNT OLIVE CEM

18. (a) Signature of funeral director Jos. P. Friedler Jr
(b) Address 7128 Michigan Ave

19. (a) APR - 5 1940 (Date received local registrar) (b) J. R. Meyer MD Dep H (Registrar's signature) JC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 4
year 1940 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from March 15, 1940, to Apr 4, 1940, that I last saw her alive on Apr 4, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to	
Due to 93	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(e) While at work? (f) Means of injury

23. Signature Charles Theers (M. D. or other) M.D.
Address 7201 S Broadway Date signed 4-4-40

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. P. Fendler Jr

Licensed Embalmer No. 925

P. O. Address St Louis

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.