

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week.
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Sylvester Joseph Weitkamp.

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 493-01-9238

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

6. (b) Name of husband or wife Edna Weitkamp. 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Oct. 8th. 1894.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 10 29 hr. min.

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

10. Usual occupation Department Manager.

11. Industry or business United Drug.

12. Name Geo. Herman Weitkamp.

13. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret James.

15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Weitkamp.

(b) Address 5717 Pamplin Ave.

17. (a) Burial (b) Date thereof 9-11-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary cem.

18. (a) Signature of funeral director H. L. Linder and Co.

(b) Address 2223 St. Louis Ave.

19. (d) SEP 10 1940 (Date received local registrar) (b) J. P. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 5717 Pamplin Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1941 hour 11-27pm minute _____ M.

21. I hereby certify that I attended the deceased from August 21
1940 to Sept 7 1940

that I last saw him alive on Sept 5 1940

and that death occurred on the date and hour stated above

Immediate cause of death Acute Ruptured Spleen Duration _____

with peritonitis and

Due to acute obstruction

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: Of operations above

Of autopsy above + myocarditis
acute hepatitis

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. L. Krause (M. D. or other) _____

Address 3720 Washington Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 25 1940

By *Kenneth*
3750 Washington av.
Jer. 6111 J-8 P.M.

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 *Homer L. Pender*

Licensed Embalmer No. *3967*

P. O. Address *2223 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; fact should be so stated above.