

No. 2
-13-40
17-39
X23159

FEB 25 1941
Registration District No. 1003

Primary Registration District No. 1003

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

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. Anothy Hospital
(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

3. (a) PRINT FULL NAME Jacqueline Weigel
(b) If veteran, name war No
(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 Nov. 5, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 7 _____ hr. _____ min.

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

10. Usual occupation Nil.

11. Industry or business _____

12. Name Arthur Weigel

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

14. Maiden name Cecelia Temme

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

16. (a) Informant Arthur Weigel

(b) Address 7217 Normandy Pl.

17. (a) Burial (b) Date thereof Jan. 14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florissant, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) JAN 14 1941 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Normandy, Mo.
(If outside city or town limits, write "RURAL") NIAO
(d) Street No. 7217 Normandy Place,
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1940 hour 12.30 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan 8, 1940 to Jan 12, 1940;
that I last saw her alive on Jan 12, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Lobar)
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place)
(e) Means of injury ⊕
23. Signature Heath McLaughlin (M. D. or other) _____
Address 325 N. Euclid Ave. Date signed 1-13-41

Dr. H. Mc Culloch
325 N. Euclid Ave.,
Ro. 1533
4.00 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.....
Licensed Embalmer No..... 3225.

P. O. Address..... 1125 Hodiament Ave.

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.