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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20098

FILED JUL 2 6 1942

State File No. 1003

Registration District No. 791 Primary Registration District No. Registrar's No. 5757

1. PLACE OF DEATH:

(a) County None

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

(c) Name of hospital or institution: 6560 Maurice (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 19 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 6560 Maurice (If rural, give location) 39

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME Matilda Weigel

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 Married

6. (b) Name of husband or wife John F. Weigel

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased June (Month) 2 (Day) 1862 (Year)

8. AGE: Years 80 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 4 Ireland (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Richard Purdy
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Little
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant A R Weigel

(b) Address 108 Elm Ave Glendale Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/42 (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 6464 Chippewa Street

19. (a) JUL 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from April 28, 1942 to July 5, 1942 that I last saw her alive on July 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis

Due to 93

Due to

Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 0

23. Signature Henry C. Westerman (M. D. or other) MD

Address 2136 East Grand Blvd Date signed 7-6-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Henry C. Westerman
2136 E. Grand
Office Hours 1-3 And 7-8 P.M.
(No hours on Sunday)
GArfield 5169

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 Edwin H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa St

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.