

7. S. No. 2
4-11-10-39
5-17-39-1E
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

882

JAN 21 1943 818

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 361

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: 6621 Idaho St., /
(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 Lillian Weidner

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 Widowed

6. (b) Name of husband or wife Adolph Weidner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 28, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 15 hr. _____ min.

9. Birthplace Arkansas (City, town, or county) (State or foreign country)
None

10. Usual occupation _____

11. Industry or business _____

12. Name Thomas Sharp

13. Birthplace Arkansas (State or foreign country)

14. Maiden name Nancy Dutton

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

16. (a) Informant Mrs. Eliz. Flournoy
(b) Address 6621 Idaho

17. (a) Removal (b) Date thereof 1-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Goshen, Arkansas

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 8322 S. Grand Blvd.,

19. (a) 1943 1 2 1943 (b) J. F. Prodek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limit write "RURAL")
(d) Street No. 6621 Idaho
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12,
year 1943 hour 11:30 P.M. M.

21. I hereby certify that I attended the deceased from January 5, 1943, to Jan 12, 1943
that I last saw her alive on Jan 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 8 days

Due to Cerebral hemorrhage 7

Due to Hypertensive Cardiovascular Disease 7

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? _____

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

23. Signature [Signature] (M. D. or other) _____

Address 2944 Grand Date signed [Signature]

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

1915

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis, Mo.

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.