

FILED MAR 20 1943 18
Registration District No.

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days) Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4771 Leduc St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida E. Weitzel

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 Henry Weitzel 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July 19 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 17 If less than one day .hr. min.

9. Birthplace Poseyville Ind. /
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business Calvert Endicott

12. Name Roseyville Ind. /
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Reister

15. Birthplace Poseyville Ind. /
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Weitzel

(b) Address 4771 Leduc St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43
(Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 2 (b) J. F. Bredeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1943 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from 19..... to 19..... ;
that I last saw h..... alive on 19..... ;
and that death occurred on the date and hour stated above.

Immediate cause of death: *Included Left Hip Arteriosclerosis suffered when Deceased fell in the bathroom at her home 4771 Leduc St. D-27-43*
Due to *at about 8 am*

Other conditions (Include pregnancy within 3 months of death) *186*

Major findings: Of operations *186*

Of autopsy

22. Death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) *Accident*
(b) Date of occurrence *2-27-43*
(c) Where did injury occur? *St. Louis Mo*
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? *Home*

(Specify type of place) (e) Means of injury *fall*

23. Signature *W. Perry* (M.D. or other) *186*
Address *Deputy Coroner* Date signed *3/11/43*

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Francis A. Williamson
Licensed Embalmer No. 3565
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, fact should be so stated above.