

FILED JUN 9 1943 318

Registration District No. Primary Registration District No.

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:
4153a Lee Ave. /
(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)

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. 4153a Lee Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Arn~~o~~ Weigel

3. (b) If veteran, name war 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Stella Weigel 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 19th, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 9 hr. min.

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

10. Usual occupation Plumber

11. Industry or business Plumbing Co. Operator

MOTHER FATHER { 12. Name Charles Weigel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Pauline Schneider
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Weigel
(b) Address 4153a Lee Ave.

17. (a) Burial (b) Date thereof 5-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) MAY 2 1943 J. F. Brueck
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th.
year 1943 hour 3.50 minute A.M.

21. I hereby certify that I attended the deceased from May 27, 1943
to May 28, 1943
that I last saw him 1m alive on May 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Chronic Hypertension
Arterio Sclerosis
Due to
Due to etc

Duration
1 day
2 1/2 hrs.
2 yrs.

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)
Signature J. F. Brueck (M. D. or other)
Address 4153a Lee Date signed 5/29/43

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

N.E. Watkins
4167 Lee

10-12

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 *Paul L. Brinkman*

Licensed Embalmer No. *3553*

P. O. Address *3710 N Grand*

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.