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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20145

FILED JUL 8 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5872

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

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1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

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

(c) Name of hospital or institution: St. Louis City Hospital. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 23 (If outside city or town limits, write "RURAL")

(d) Street No. 1619 a S Broadway 300 (If rural, give location)

(e) Citizen of foreign country? No 17 (Yes or No)

If yes, name country O 9

3. (a) PRINT FULL NAME Franz Weilmaier

3. (b) If veteran, name war

3. (c) Social Security No. 492-05-9571

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced O S

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) 1877 (Year)

8. AGE: Years About 66 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Ret. Beer Brewer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant CHAS. Jobst

(b) Address 1619 a So. Bdwy.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 29 -43 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Wm. Schumacher

(b) Address 3013 Meramec St.

19. (a) JUN 28 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th year 1943 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from June 21st, 1943, to June 24th, 1943 that I last saw him alive on June 24th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sarcoma - primary site Unknown - generalized metastases	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations

Of autopsy Generalized spread of Sarcoma

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

23. Signature Ross Wade (M. D. or other)

Address 1515 Lafayette Ave. Date signed 6/25/43

(Licensed Embalmer's Statement on Reverse Side)

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 George N. Archambault, Registered Apprentice No. ——, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Miramar

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.