

S. No. 2
4-9441
5-17-39
-1 X

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22522
Registrar's No. 1283

FILED JUN 19 1943

Registration District No. 317 Primary Registration District No. 4467

96
16
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
607 Leonard Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Valley Park
(If outside city or town limits, write "RURAL")

(d) Street No. 607 Leonard Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Blanche La Verne Weisenburg

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female / race White

5. Color or race White

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

6. (c) Age of husband or wife if alive 9 years (Month) (Day) (Year)

7. Birth date of deceased Sept. 9, 1922

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>9</u>	<u>3</u>	hr. min.

9. Birthplace Valley Park, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation not employed

11. Industry or business at home

12. Name Carl Weisenburg

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

14. Maiden name Blanche Rittenhouse

15. Birthplace Villa Ridge, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche Weisenburg

(b) Address Valley Park, Mo.

17. (a) Burial (b) Date thereof June, 15, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem. Kirkwood, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) June 15 1943 (b) C. G. McLain
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12, year 1943 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 27, 1943, to June 11, 1943 that I last saw her alive on July 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to _____

Due to _____

Other conditions missed
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 7/21/43

Duration

20 years

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? _____

23. Signature C. G. McLain (Specify type of place) (M. D. or other) M.D.

Address Valley Park, Mo. Date signed 6-12-43

707

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 Theo Schrader
Licensed Embalmer No. 3066
P. O. Address Baltimore, Md

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.