

S. No. 2  
DM-2-43  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 23631  
Registrar's No. 6971

FILED AUG 12 1943 318

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(c) Name of hospital or institution: 3446 Itaska /  
(d) Length of stay: In hospital or institution..... 63 years.  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000  
(c) City or town..... St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No..... 3446 Itaska (If rural, give location)  
(e) Citizen of foreign country?..... NO. (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Lizzie Weldi

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March 15 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 4 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Philip Weldi

12. Name.....

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

14. Maiden name (unknown)

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

16. (a) Informant A. Acosta

(b) Address 3421 Souza

17. (a) Burial (b) Date thereof AUG. 3-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director P. Miceli - Son  
(b) Address 1150 N. Kingshighway

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from June 22  
1943 to July 30 1943  
that I last saw h. er alive on July 30 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia, Hypostatic, Uremic Coma  
Due to: Cerebral Hemiplegia Senility  
Due to: J.F.

Other conditions (include pregnancy within 3 months of death)  
Major findings: Jos. A. Grando M.D.  
Of operations  
Of autopsy

Duration  
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 Jos. A. Grando (M. D. or other) 0  
Address 5821 S. Broadway Date signed 7/31/43  
Grando

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 Arnold W. Schoene  
Licensed Embalmer No. 3864  
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.**