

FILED DEC 27 1943

Registration District No.

Primary Registration District No. 6076

Registrar's No. 2850

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Bel-Nor  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2871 Moniteau  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)

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

3. (a) PRINT FULL NAME Laura Clara Weitkamp

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Christ Weitkamp

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

7. Birth date of deceased Sept. 10, 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>3</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Gustav Feldmann

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

14. Maiden name Johanna Bude

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

16. (a) Informant Harry C. Freise

(b) Address 2871 Moniteau

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Dec. 22 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Paschedag-Henke Fun.

(b) Address 2825 N. Grand Blvd.

19. (a) DEC 21 1943 (Date received from death certificate)

(b) E. H. Mc Garrison, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 91

(c) City or town Bel-Nor 11  
(If outside city or town limits, write "RURAL")

(d) Street No. 2871 Moniteau 11  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 19 Day 7  
year 1943 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to Dec 19 1943;

that I last saw her alive on 12-19 1943;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction Coronary Thrombosis

Duration 3 weeks

Due to Arterio Sclerosis 10 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 4 plaques

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? \_\_\_\_\_

Home (Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature E. H. Mc Garrison, M.D. (M. D. or other) MD

Address 340 Belmont Ave Date signed 12-20-43

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

MOTHER FATHER

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**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..... *S. J. W. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

**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.**