S. No. 2
M—8-43
5-17-39
I X37823

NOV 14 '44

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36540

Registrar's No. 9578

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: FIRMIN DESLOGE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Ohio

(c) City or town St Louis 1623
(If outside city or town limits, write "RURAL")

(d) Street No. 2634 LAFAYETTE
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Weyand, Rual

3. (b) If veteran, name war WORLD WAR #1

3. (c) Social Security No.

4. Sex M 0

5. Color or race White

6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ SING 0

6. (b) Name of husband or wife

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

7. Birth date of deceased FEB (Month) 16 (Day) 1890 (Year)

8. AGE: 54 Years 54 Months 8 Days 25 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name A. L. WEYAND
13. Birthplace UNK (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Mrs C E McKown
(b) Address Pana Ill

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11 (Month) 13 (Day) 44 (Year)
(c) Place: burial or cremation Fitchfield Ill

18. (a) Signature of funeral director E J Schnur
(b) Address 3125 Lafayette Ave

19. (a) NOV 12 1944 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-11-44 day
year hour 5:45 A.M. minute M.

21. I hereby certify that I attended the deceased from 5-11-44
, 19 , to 11-11-44 , 19 ;
that I last saw him alive on 11-11-44 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary embolism + broncho-pneumonia.	?
Due to Peritoneal carcinomatosis	
Due to Carcinoma of colon Primary site in Colon	7 mos.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Peritoneal Carcinomatosis c̄ perforation of caecum
Of autopsy same as above

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 [signature] (M. D. or other)
Address Firmin Desloge Date signed 11/11/44

(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 .....

....., Registered Apprentice No. ....., working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4974

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.