

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

FILED DEC 28 1945
Registration District No. **318**

Primary Registration District No. **1003**

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry G. Weitkamp
3. (b) If veteran, name war No **3. (c) Social Security** No. None
4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married,** divorced Widowed
6. (b) Name of husband or wife Emma K. Weitkamp **6. (c) Age of husband or wife if** alive.....years
7. Birth date of deceased June 24, 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>5</u>	<u>18</u>	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired - Leather Worker
11. Industry or business Sporting Goods

MOTHER, FATHER

12. Name Herman Weitkamp
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Miss Heidemann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Weitkamp
(b) Address 7141 Roslyn Drive.
17. (a) Burial **(b) Date thereof** Dec. 15, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. St. Johns Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home (Specify type of place)
(b) Address 4828 Natural Bridge Blvd. (c) Means of injury
19. (a) DEC 13 1945 **(b)** [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2304 Sullivan Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th
year 1945 hour 3:45 minute A. M.
21. I hereby certify that I attended the deceased from 11-29-45
19 to 12-12-45 19
that I last saw h. im alive on 12-11-45 19
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis don't know
Due to none
Due to none

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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 Walter Horneman (M. D. or other)
Address 1506 St. Louis Date signed.....

1-2 PM

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 Ralph Rinders
Licensed Embalmer No. 4225
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.