

FILED JUL 22 1946

State File No. _____

Registration District No. 27

Primary Registration District No. 6076

Registrar's No. 1180

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Rural, Bonhomme Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mason Rd. near Clayton Rd.
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,
(c) City or town Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. Mason Rd. near Clayton Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alfred Weidman,

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

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

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

7. Birth date of deceased Sept. 30, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 10 _____ hr. _____ min.

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

10. Usual occupation Farmer,

11. Industry or business Own farm,

12. Name Michael Weidman,

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

14. Maiden name Sophia Kiefenwiler,

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

16. (a) Informant John Weidman,

(b) Address Clayton, Mo. R #1.

17. (a) Burial (b) Date thereof 7/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park,

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

(b) Address Ballwin, Mo.

19. (a) 7-15-46 (b) Wm. G. Gentry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10, 1946 year hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from July 8 1946 to July 10 1946
that I last saw him alive on July 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Arterio Sclerosis and
Heart exhaustion
Other conditions By a
(Include pregnancy within 3 months of death)

Duration

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Henry F. Scott (M. D.)
Address Ballwin Mo. Date signed July 12, 1946

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

66

550

Aug 1 1947

AUG 14 1947

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 *Geo. Schrader*.....

Licensed Embalmer No. *3066*.....

P. O. Address *Belleview, 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.