

FILED AUG 27 1946
 Registration District No. 318

Primary Registration District No. 1003

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

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:
City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1514 S. 12th Boulevard
 (If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country.....

3. (a) PRINT CORA BELLE WEIDENHOFFER
 FULL NAME
 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 Widow
 6. (b) Name of husband or wife Peter Weidenhoffer 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased July 9, 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 3 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Edward Reilley
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Cundiff
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Leo M. Weidenhoffer
 (b) Address 1600 S. 10th Street

17. (a) Burial (b) Date thereof 8-15-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cemetery, East St. Louis, Ill.

18. (a) Signature of funeral director W. C. Maydell
 (b) Address 1926 Allen Avenue

19. (a) AUG 12 1946 (b) J. F. Bredeek
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
 year 1946 hour 9 minute 10 A. M.

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

Immediate cause of death all causes of base of left lung with pneumonia Duration
fracture of right femur
depressed by the deceased
fell to the floor at the
home of her son 1600 S
10th St. July 30 1946 at
5:30 AM

Other conditions..... (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 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)..... Accident
 (b) Date of occurrence..... July 30 1946
 (c) Where did injury occur?..... St. Louis
 (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)
 Means of injury.....
 23. Signature Alfred J. Perry (M. D. or other)
 Address Deputy Coroner Date signed 8-12-46

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

Berj C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.