S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

Registration District No. 377

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 38160

Registrar's No. 32755

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(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 St. Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 19 Glen Oak Place 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME INFANT WEIGEL ." A "

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

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 November (Month) 11 (Day) 1946 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 0 | 0 | 0 | 5 hr. ..... min. |

9. Birthplace Richmond Heights (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Robert L. Weigel 0
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Georgene Walbancke
15. Birthplace New York (City, town, or county) New York (State or foreign country) 1

16. (a) Informant Robert L. Weigel

(b) Address 19 Glen Oak Place, Webster Groves

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 11-12-46 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd., St. Louis, Mo.

19. (a) 11-13-46 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 11th year 1946 hour 1 minute 55 P M.

21. I hereby certify that I attended the deceased from Nov 11, 1946, to Nov 11, 1946 that I last saw him alive on Nov 11, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death .....

Premature

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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] Vollmor (M. D. or other) MD

Address 55 W. Big Bend Date signed 11/14/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. C. Vollmar
55 West Big Bend
WE 2203

1 - 4 P. M.

## 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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 404 c

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.**