

S. No. 2  
1-1/47  
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **43593**  
Registrar's No. **11436**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town City.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution City Infirmiry Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8-26-42/12-14-  
In this community 64 years 47  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Gas  
(c) City or town City. (If outside city or town limits, write "RURAL") 17  
(d) Street No. 13 5800 Arsenal ST. 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME James Weih.

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 Widower  
6. (b) Name of husband or wife Laura Weih 6. (c) Age of husband or wife if alive 15- years  
7. Birth date of deceased 2- 15- 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 9 29 hr. min.

9. Birthplace Dallas, Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Attendant City San.

11. Industry or business  
12. Name Wm. Weih  
13. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Weih  
15. Birthplace ? 9  
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmiry Records.  
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 12-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Freddens Cemetery

18. (a) Signature of funeral director J. F. Bredbeck  
(b) Address 2117 East Grand Blvd.

19. (a) DEC 15 1947 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14  
year 1947 hour 12 minute 20 a. m.  
21. I hereby certify that I attended the deceased from 1  
1 19 47 to 12- 14 19 47  
that I last saw h. im alive on 12- 14 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Diabetes Mellitus  
Due to Arteriosclerotic Heart Disease  
Due to 61.  
Other conditions 61.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
PHYSICIAN  
Underline the cause of 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 6  
23. Signature Warren C Lewis (M. D. or other) 12-14-47  
Address 5600 Arsenal Date signed.....

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

MOTHER FATHER

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

*Frank A. Moore*  
.....  
Licensed Embalmer No. *3041*

P. O. Address

*2117 E. Grand*

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.