

3000
-47
-39
1906

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

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

38761

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948 318

State File No. _____
Registrar's No. 10481

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 4084 Alma
(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

3. (a) PRINT FULL NAME George Weidner

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-05-9201

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 24 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>54</u>	<u>5</u>	<u>8</u>	hr. _____ min.
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9. Birthplace Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business _____

12. Name Peter Weidner

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

14. Maiden name Franciska Morlok

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

16. (a) Informant Hattie Weidner

(b) Address 4084 Alma

17. (a) Burial (b) Date thereof 12/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N St Marcus Cemetery

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7023 Gravois Ave.

19. (a) DEC 2 1948 (b) J B Franzen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4084 Alma
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd
year 1948 hour 7 minute 48 A.M.

21. I hereby certify that I attended the deceased from June 1948 to Dec 48, 19____;
and that death occurred on the date and hour stated above. 1 Dec 1948, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas
E metastases

Duration 6 mos.

Due to _____

Due to _____

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

Major findings: Ca. of pancreas
Of operations _____

Of autopsy _____

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 Raymond T. ... (M. D. or other) MD

Address 5203 Chippewa Date signed 12/6/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *W. G. Peterson*.....

Licensed Embalmer No. *3767*.....

P. O. Address *7027 Gravois*.....

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.