

REC'D DEC 21 1950

STANDARD CERTIFICATE OF DEATH 6076 State File No. 43145

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3043 Registrar's No. 3043

4001

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Berkeley	c. LENGTH OF STAY (in this place) 3 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Berkeley	g. TOWN 4091
d. FULL NAME OF HOSPITAL OR INSTITUTION 1101 Packard Dr.		d. STREET ADDRESS (If rural, give location) 1101 Packard Dr.	

3. NAME OF DECEASED (Type or Print) a. (First) Phillip b. (Middle) Peter c. (Last) Weygandt Jr.			4. DATE OF DEATH (Month) (Day) (Year) 12/16/50		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/15/1880	9. AGE (In years less birthday) 70	IF UNDER 1 YEAR Months 2 Days 1	IF UNDER 24 Hrs. Hours 1 Min.
-----------------------	----------------------------------	--	---------------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer	10b. KIND OF BUSINESS OR INDUSTRY Am. Stove Co.	11. BIRTHPLACE (State or foreign country) Milstadt, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	--	---

13a. FATHER'S NAME Phillip P. Weygandt Sr.	13b. MOTHER'S MAIDEN NAME Margaret Keller	14. NAME OF HUSBAND OR WIFE Marie Weygandt
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ??	17. INFORMANT'S SIGNATURE OR NAME Marie Weigandt, Berkeley, Mo.	ADDRESS
---	--------------------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5 mo. uncertain
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-17, 1946**, to **12-16, 1950** that I last saw the deceased alive on **12-15, 1950**, and that death occurred at **4:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. W. C. Macdonald M.D.	23b. ADDRESS 539 N Grand	23c. DATE SIGNED 12-16-50
--	------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/18/50	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Garden's	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
--	------------------------------	---	---

DATE REC'D BY LOCAL REG. 12/17/50	REGISTRAR'S SIGNATURE Herbert R. Donker	25. FUNERAL DIRECTOR'S SIGNATURE White Chapel, Ferguson, Mo.	ADDRESS
---	---	--	---------

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 _____

working under my personal supervision.

Student Embalmer No.

Signed L. M. White

Signed.....
Student Embalmer

Licensed Embalmer No. 3973

P. O. Address Harmon, Ill

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.