

No. 300  
10-48

# STANDARD CERTIFICATE OF DEATH

21732

State File No. \_\_\_\_\_  
Registrar's No. 2528

FILED JUN 6 - 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>	c. LENGTH OF STAY (In this place) <u>7 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>16 Town Valley Park</u>	<u>4761</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>Eva Avenue</u>	

3. NAME OF DECEASED (Type or Print) <u>Josephine Weggenmann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June, 27, 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec. 31, 1860</u>	9. AGE (In years last birthday) <u>90</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Manchester, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>George Woerther</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Migneron</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Weggenmann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jerome Weggenmann, Valley Park, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. myocarditis</u>			
ANTECEDENT CAUSES	DUE TO (b) <u>Sev. arteriosclerosis</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of hip</u>		<u>1 mo.</u>

19a. DATE OF OPERATION <u>Feb 1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fall out of bed 4.22 P.M.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>Nursing Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Manchester St. Louis Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Feb 1951 to June 27, 1951, that I last saw the deceased alive on June 25, 1951, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Perry M.D.</u>	(Degree or title)	23b. ADDRESS <u>Chester, Mo</u>	23c. DATE SIGNED <u>6-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 30/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery, Valley Park, Missouri</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>6-28-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Tomke M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Fun'l Home, Ballwin, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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*intercepted and  
immediately destroyed*

*John*  
STATEMENT BY LICENSED EMBALMER

I hereby certify that *John J. Schradler* 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

*Theo. Schradler*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Quincy, 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.