3229

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0827

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2019
d. STREET ADDRESS (If rural, give location): 3959 Wilmington Ave 0

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle):
c. (Last): Weitkamp

4. DATE OF DEATH (Month) (Day) (Year): Jan 27 1955

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 5 1876

9. AGE (In years last birthday): 79 — If under 1 year: Months ... Days ... If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): St. Louis Mo

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Conrad Schmidt

13b. MOTHER'S MAIDEN NAME: Katherine Weick

14. NAME OF HUSBAND OR WIFE: Fred Henry Weitkamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): .....

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Hazel Chapman
ADDRESS: 3015 Lemp Ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 1 DAY

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE - YEARS
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS - YEARS

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* FRACTURE LEFT HIP — 3 MONTHS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: FRACTURE LEFT FEMUR SURGICAL NECK

20. AUTOPSY? YES ☐ NO ☒

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4200F

22. *I hereby certify that I attended the deceased from* DEC 20 1954, *to* JAN 27, 1955, *that I last saw the deceased alive on* JAN 27, 1955, *and that death occurred at* 9:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George H. Dawson MD
23b. ADDRESS: 5203 Chippewa
23c. DATE SIGNED: 1/28/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan 31 1955
24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: JAN 28 1955
REGISTRAR'S SIGNATURE: J. Carl Smith MD
MD

25. FUNERAL DIRECTOR'S SIGNATURE: Weick Bros
ADDRESS: 2201 S Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr.Geo Damon
5203 Chippwa
Fl 3 5937

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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.