

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43671  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **1431 Destrehan St.** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred **17 yrs. - mos. - ds.** (f) How long in U.S., if of foreign birth? **25 yrs. - mos. - ds.**

2. PRINT FULL NAME **Louise Weber**

(a) Residence, No. **1431 Destrehan St.** St. **26**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widowed**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 20th 1847**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**90 11 5**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) **Dec. 1937** 11. Total time (years) spent in this occupation **70**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Switzerland**

FATHER 13. NAME **Henry Fehlman**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Switzerland**

MOTHER 15. MAIDEN NAME **Unknown**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Unknown**

17. INFORMANT **Max Weber**  
(ADDRESS) **1431 Destrehan St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens** DATE **DEC. 27** 19 **37**

19. FUNERAL DIRECTOR (ADDRESS) **Wiedmeyer & Sons 3934 N. 20 St.**

20. FILE **DEC 27 1937** **J. G. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 25 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1** 19**37** to **Dec 25** 19**37**

I last saw her alive on **Dec 25** 19**37**. Death is said to have occurred on the date stated above, at **2 P.M.**

The principal cause of death and related causes of importance were as follows:

**Mitral Regurgitation** Date of onset

Other contributory causes of importance: **Arteriosclerosis**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify **Arteriosclerosis**, M. D.  
(Signed) **J. G. Bredeck**  
(Address) **3934 N 20 St**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Geo. P. Schubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

.....L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

**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.)**