

25 1939

DESD MAY 11 1939

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

16134
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 784
(b) Township St. Marys Primary Registration District No. 111
(c) City or St. Marys Mo. (d) Street No. St. Marys Hosp. 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leona Weiler

(a) Residence, No. 461 St. Ste. Genevieve
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Valentine Weiler.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18th, 1906.

7. AGE YEARS 32 MONTHS 7 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. H'wife.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve Mo. (STATE OR COUNTRY)

FATHER 13. NAME Antone Wipsler.

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Hook

16. BIRTHPLACE (CITY OR TOWN) Germany. (STATE OR COUNTRY)

17. INFORMANT Valentine Weiler. (ADDRESS) Ste. Genevieve Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ste. Genevieve Mo. DATE 4/27/39.

19. FUNERAL DIRECTOR (NAME) A.H. Hoppe Inc. (ADDRESS) 4700 Washington Ave.

20. FILED APR 25 1939 R. M. Stewart Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24- 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1939, to 4-24, 1939

I last saw her alive on 4-24, 1939. Death is said to have occurred on the date stated above, at 7:30 m.

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

Puerperal Sepsis
(Haemolytic Streptococcus Septicemia)

Other contributory causes of importance: 1450

Broncho Pneumonia

Name of operation Culture Date of yes

What test confirmed diagnosis? Culture 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 (Signed) John W Stewart, M. D.

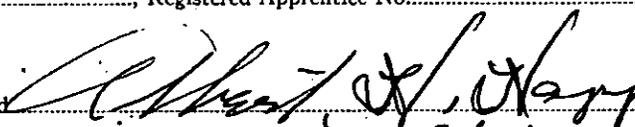
(Address) St. Louis Mo.

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.

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 .....

Licensed Embalmer No. 1861.....

P.O. Address.....

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, above space should be left blank.