

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9168  
Registrar's No. 2651

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5647 Maple Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since Birth  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
3916a Palm Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? years.

3. (a) PRINT FULL NAME ANNA M. WEIL

3. (b) If veteran, name war. None  
3. (c) Social Security No. None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Arthur J. Weil  
6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased, Sept. 1 1883  
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 18 If less than one day hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Charles Wessel  
18. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Fredericka Fishbeck  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles A. Weil

(b) Address 1225 S. 50th Court, Cicero, Ill.

17. (a) Buried (b) Date thereof 3/22/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) MAR 21 1949  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19  
year 1940 hour 6 minute 0 AM.

21. I hereby certify that I attended the deceased from Jan. 27, 1940, 19, to Mar. 12, 1940, 19, and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Interstitial Nephritis; myocarditis

Due to Lues, tertiary

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other M.D.)

Address 3621 N. 20th Date signed 3/20/40

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

**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.**