No. 2
-10-39
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16619

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4097

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 19

(d) Street No. Melbourne Hotel (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Emily C. Weidle 340

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ben

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased August (Month) 15. (Day) 1865 (Year)

8. AGE: Years 74 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Georgeton, S.C. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife 9 186a

FATHER
12. Name Ferdinand Peasner
13. Birthplace U.S.A. (City, town, or county) (State or foreign country) 4 39

MOTHER
14. Maiden name Mary A. Glaser
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Leroy A. Weidle

(b) Address 1148 Center Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director [signature]

(b) Address 6633 Clayton at Concordia Lane

19. (a) MAY 7 1940 (Date received local registrar) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1940 hour 6 P.M. minute M.

21. I hereby certify that I attended the deceased from 1:30 PM May 4, 1940, to May 4, 1940 that I last saw her alive on May 4, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolis	30 min.
Due to Intertrochanteric Fracture Rt. Femur	
Due to fall in front of hotel	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

O. K. [signature] Sw [signature] Forest Deputy [signature] 5/7/40

PHYSICIAN Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence May 4 1940

(c) Where did injury occur? St. Louis (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (on side walk) Public Place (Specify type of place)

While at work? (e) Means of injury stumbled & fell to street

23. Signature Chas. A. Stone (M. D. or other)

Address 3534 Washington Date signed 5-6-40

(Licensed Embalmer's Statement on Reverse Side)

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. 1994

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.