

Registration District No. 420

Primary Registration District No. 3022

Registrar's No. 71

1. PLACE OF DEATH:  
(a) County Jefferson  
(b) City or town DeSoto  
(c) Name of hospital or institution: 410 Stewart  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY M. WEYL

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife William Weyl. 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Oct. 12 1848  
(Month) (Day) (Year)

8. AGE: Years 91 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Richwoods Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Mehler 13. Birthplace Germany

14. Maiden name Suzan Stout

15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. L. Cooper

(b) Address 410 Stewart St. DeSoto  
(c) Place: burial or cremation DeSoto

17. (a) Rural (b) Date thereof Aug. 13, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Lee Mothershead  
(b) Address DeSoto Mo.

19. (a) 9-9-40 (b) Jeneva Danell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jefferson  
(c) City or town DeSoto  
(d) Street No. 410 Stewart  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11 year 1940 hour 11 minute 50

21. I hereby certify that I attended the deceased from June 27, 1940 to Aug 11, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of heart - emb. Myoma

Due to arterial sclerosis

Other conditions None

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? \_\_\_\_\_

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

23. Signature Wally Gibson (M. D. or other) 1  
Address DeSoto Mo Date signed 8-12-40

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

**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 *J. L. Mothershead*

Licensed Embalmer No. *3531*

P. O. Address *Osato, Md*

**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.**