

S. No. 2  
1-14-41  
5-17-39  
X26390

20642

State File No. \_\_\_\_\_

DEC 22 1941  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8871

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6035 Washington  
(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 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 19  
(d) Street No. 6035 Washington (If rural, give location) 05  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laura Weiler

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Arthur Weiler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 60 -- -- hr. min.

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

10. Usual occupation at home

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

12. Name Arthur Woolf  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant William Weiler  
(b) Address 6035 Washington Ave.

17. (a) Burial (b) Date thereof 11-9-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herman Finkbeiner  
(b) Address 5216 Delmar Blvd.

19. (a) NOV 9 1941 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 7  
year 1941 hour about 6:00 PM. M.

21. I hereby certify that I attended the deceased from 1934-41, 19 aut 11/7/41, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.  
that I last saw her alive on 10-20-41, 19 \_\_\_\_\_

Immediate cause of death Acute Coronary Thrombosis Duration 1 hour

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None  
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) \_\_\_\_\_  
(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 CE Hindil (M. D. or other) M.D.  
Address 3651 Grand St. Date signed 11/8/41

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.....

*Chris W. Cooper*

Licensed Embalmer No.....

*13830*

P. O. Address.....

*5216 Delman*

**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, fact should be so stated above.**