

FILED MAR 17 1942 791

Registration District No. _____ Primary Registration District No. 100 Registrar's No. 1128

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

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:
3721 Michigan Ave.
(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 Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3721 Michigan Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Margaret Weber

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Frederick 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased Dec. 7, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 28 hr. min.

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

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Mangels
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Rebling
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frederick Weber
 (b) Address 3721 Michigan Ave.

17. (a) Burial (b) Date thereof 2-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director H. Schumacher
 (b) Address 3013 Meramec St.

19. (a) FEB 5 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th.
 year 1942 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 6th, 1941 to Death.
 that I last saw her alive on Feb. 4th, 1942.
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma (Cancer) of the Left
Mammery Gland metastasizing
Liver and Brain 6 Mo.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 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 H. W. H. Walter (M. D. or other) M. D.
 Address 3608 S. Grand Date signed 2/4/42

3608 SO. GRAND
LA 7891

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.....

Clarence J. Rochow

Registered Apprentice No.

working under my personal supervision.

Signed.....

Clarence Rochow

Licensed Embalmer No. **3093**

P. O. Address **3013 Meramec St.**

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.