

FILED OCT 6 1942

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8001

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5715 Goethe Street 1
(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.....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5715 Goethe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Margaret Weis

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, Widowed

6. (b) Name of husband or wife Gustav 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 12 7 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 18 hr. min.

9. Birthplace San Francisco, Calif
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Buback

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant H. Coeck

(b) Address 5715 Goethe

17. (a) Sunset Park (b) Date thereof 9-28-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Sunset Park

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 6464 Chippewa Street

19. (a) SEP 26 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1942 hour 3.30 minute..... M.

21. I hereby certify that I attended the deceased from Sept 17, 1942, to Sept 24, 1942
that I last saw her alive on Sept 24, 1942
and that death occurred on the date and year stated above.

Immediate cause of death Myocardial infarction

Due to Hypertensive Heart Disease

Due to Mitral Regurgitation

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

Duration 1 year
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?

23. Signature J. F. Bredeck (M. D. or other) MD
Address 5548 E. Grand Date signed 9/25/42

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.....

Edwin H. Larbinger

Licensed Embalmer No. *4029*

P. O. Address *646 S. Chipman*

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.