

FILED OCT 6 1942

Registrar's No. **1972**

Registration District No. **754**

Primary Registration District No. **111**

96  
8  
3

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1449 Claytonia Terrace**  
(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 **96**  
(c) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL") **3**  
(d) Street No. **1449 Claytonia Terrace**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Anna Zoedell Weil**

3. (b) If veteran, name war..... 3. (c) Social Security No. **488-07-4544**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**  
6. (b) Name of husband or wife..... **Roy Weil** 6. (c) Age of husband or wife if alive **41** years  
7. Birth date of deceased **February 13, 1882**  
(Month) (Day) (Year)

8. AGE: Years **60** Months **7** Days **8** If less than one day  
..... hr. .... min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name **Henry Shaw**  
13. Birthplace **St. Louis** **Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna Berding**  
15. Birthplace **St. Charles** **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Weil**  
(b) Address **1449 Claytonia Terrace**

17. (a) **Burial** (b) Date thereof **9/23/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Edith E. Ambruster**  
(b) Address **4234 Manchester**

19. (a) **SEP 22 1942** (b) **L. McHarron**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **21**  
year **1942** hour **8.50** A.M. minute..... M.

21. I hereby certify that I attended the deceased from **Sept 19** to **Sept 20**  
that I last saw him alive on **Sept 16** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia & Chronic Nephritis**  
**Aplastic Anemia** Duration **6 mos.**

Due to **Diagnosed Chronic Nephritis**

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 **Louis J. Authen** (M.D. or other) **M.D.**  
Address **7720 Washington St. St. Louis Mo.** Date signed **9-21-42**

Me

707

**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..... *Henry Eynock*.....  
Licensed Embalmer No..... *1284*.....  
P. O. Address..... *St. Louis Mo.*.....

**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.**