

Registration District No.

318

Primary Registration District No.

1003

6697

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

1. PLACE OF DEATH:

(c) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" with name of township)
(c) Name of hospital or institution: Firmin * Deloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, 4 Weeks
(Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17
(c) City or town St. Louis. 9 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4022 S Grand Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY WEILBACHER

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

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

6. (b) Name of husband or wife ALOIS WEILBACHER 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Aug. 6th 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 11 16 hr. min.

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

10. Usual occupation At Home

11. Industry or business Housewife

12. Name Christ Kage

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

14. Maiden name Birdie Sauer

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

16. (a) Informant Alois Weilbacher

(b) Address 4022 S Grand Ave.

17. (a) Burial (b) Date thereof July 26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul

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

(b) 2806 Gravois Ave.

19. (a) 1943 (b) J. F. Ouedek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1943 hour 8 00 A. M. Minute _____ M.

21. I hereby certify that I attended the deceased from 1-43
_____, 19____, to 7-22-43, 19____;
that I last saw her alive on 7-21-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary embolism? minutes
Due to Rheumatic Heart Disease years.

Due to _____
Other conditions congestive failure
(Include pregnancy within 7 months of death)

Major findings: _____
Of operations _____
Of autopsy Report not in.
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 J. F. Ouedek (M. D. or other) MA
Address 3115 S Grand Date signed 7-23-43

Bunker
311 S. D. Street
La 4. 1/2
30 1/2 P.M.

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 Daird Van Fossom.
Licensed Embalmer No. 4242
P. O. Address 2906 Meavis.

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.