

FILED AUG 30 1943 318

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7533**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Park Lane Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1-week**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **000**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3676a Laclede Ave.**
 (If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Mary Madaline Ann Weyerich**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Aug.** day **21st.** year **1943** hour **3** minute **15 P.M.**
 21. I hereby certify that I attended the deceased from **19** to **19** that I last saw him **alive on** and that death occurred on the date and hour stated above.

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S.**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Aug. 15th., 1943**
 (Month) (Day) (Year)

Immediate cause of death **Sinus thrombosis**
 Due to _____
 Due to **104**
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
0 0 6 hr. min.

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace **St. Louis** **Mo. 0**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____
 12. Name **Leo Weyerich**
 13. Birthplace **St. Louis** **Mo. 0**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Hannah Martin**
 15. Birthplace **Minn. /**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Leo Weyerich**
 (b) Address **3676a Laclede Ave.**

17. (a) **Burial** (b) Date thereof **8-23-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**
 18. (a) Signature of funeral director **Arthur J. Donnelly**
 (b) Address **3840 Lindell Blvd.**

19. (a) **AUG 23 1943** (b) **J. J. Bruck**
 (Date received local registrar) (Registrar's signature)

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) (or) Means of injury _____
 23. Signature **Alfred J. Perry** (M., D. or other) **3**
 Address **Le Moyne** Date signed **8/23/43**

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 William Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.