

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 8914

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:
4447 Virginia Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 37 years years, months or days)

3. (a) PRINT FULL NAME Mrs. Elsie Weyermann

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

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

6. (b) Name of husband or wife William F. Weyermann 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 31, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 8 3 hr. _____ min.

9. Birthplace New Minden Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Friederich Ellerbusch

13. Birthplace New Minden Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Eleanor Rinne

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

16. (a) Informant Mr. William F. Weyermann

(b) Address 4447 Virginia Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) OCT 9 1943 (Date received local registrar) J. P. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4447 Virginia Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th
year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 27, 1943 to Oct 4, 1943
that I last saw her alive on Oct 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Bronchial asthma

Due to _____

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

Major findings: Of operations 93

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address 4469 Virginia Ave Date signed 10/8/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Dr Alfred Meyer
4661 - Virginia

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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.....

Licensed Embalmer No. 3497

P. O. Address: 1936 St. Louis

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.