7. S. No. 2
00M—2-43
v. 5-17-39
F I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1943 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32072 9781

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. _____

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: 5332 Murdock Ave.
(If not in hospital or institution, write street number or location)

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

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 14

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

(d) Street No. 5332 Murdock Ave. (If rural, give location) Ward 17

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Frieda Weckler

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife --

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased September (Month) 19 (Day) 1864 (Year)

8. AGE: Years 79 Months 1 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name Adolph Weckler

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

14. Maiden name Amanda Effinger

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

16. (a) Informant Wm. J. Haupt

(b) Address 5332 Murdock Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 8 43 (Month) (Day) (Year)

(c) Place: burial or cremation New Picker's Cem.

18. (a) Signature of funeral director Decker-Heldenbrand Mort. Co.

(b) Address 3634 Gravois Ave.

19. (a) NOV 9 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 6 year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-20-43, 19__, to 11-6-43, 19__; that I last saw her alive on 11/6/43, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage.

Due to (a) hemiplegia 10/6/43

Due to (b) _____

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

Major findings: Of operations _____ Of autopsy _____

Duration

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature D. C. Ophiffer M.D. (M.D. or other)

Address 4523 S. Kings Hwy Date signed 11/8/43

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Wheeler

Licensed Embalmer No. 2128

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.