

FILED JAN 3 1944

State File No.

Registrar's No.

Registration District No.

318

Primary-Registration District No.

1003

10801

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:
4783 Greer Ave.
(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 176
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4783 Greer Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Marie A. Repine

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Charles A. Repine 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November 13, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Weis
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wagner
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Charles A. Repine
(b) Address 4783 Greer Ave.

17. (a) Burial (b) Date thereof 12-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) DEC 8 1943 (b) J. F. Bedeak
(Date Received Local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7, year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 7, 1943, to Dec 7, 1943; that I last saw her alive on Dec 7, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to W!

Due to _____
Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration From his long
3 days

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 Peter A. Eck (M. D. or other) _____
Address 4783 Greer Ave. Date signed 12-7-43

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 *Sheldon Collier*.....

Licensed Embalmer No. *3382*.....

P. O. Address.....

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.