

FILED SEP 30 1944 318

Primary Registration District No. 1003

Registrar's No. 8226

1. PLACE OF DEATH:

(a) County.....
 (b) City or town Saint Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4268 Flad 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)

3. (a) PRINT FULL NAME Margaret A. Wechsler

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, Widowed

6. (b) Name of husband or wife Frank Wechsler 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 9th, 1858.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 5 16 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name George Stemmler

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

14. Maiden name Catherine Meyerott

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

16. (a) Informant Edwin C. Wechsler
 (b) Address 5509 Rhodes

17. (a) Burial (b) Date thereof Sept. 27, 44.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery.

18. (a) Signature of funeral director J. D. Buddeck
 (b) Address 8409 Gravois Ave.

19. (a) SEP 26 1944 (b) J. D. Buddeck
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....
 (c) City or town Saint Louis,
 (If outside city or town limits, write "RURAL")
4268 Flad Ave.
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25
 year 1944 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from July 1944
 to Sept. 1944
 that I last saw her alive on July 27. 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration
Uremia

Due to.....

Due to.....

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

Major findings:
 Of operations.....

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 Edwin C. Wechsler (M. D. or other)
 Address 1901 Cherokee Date signed 9-25-44

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Homer N. Britz

Licensed Embalmer No. *3882*

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.