S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11903

FILED MAY 12 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3851

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: Barnes Hospital, 0
(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

2. USUAL RESIDENCE OF DEACESED: 099 176

(a) State Missouri (b) County

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

(d) Street No. 1414 N. Euclid
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elliott Lee Weil

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Margaret

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

7. Birth date of deceased April 17, 1869 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation Guard

11. Industry or business Art Museum City of St. Louis

FATHER
12. Name Michael Weil
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Weber
15. Birthplace (City, town, or county) W. Va. 1 (State or foreign country)

16. (a) Informant Gertrude Alexander
(b) Address 1414 N. Euclid

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) MAY 1 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1945 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from April 5, 1945 to April 29, 1945 that I last saw him alive on April 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure and Possibly Pulmonary Embolism — Terminal — Duration 4 hours

Due to Arteriosclerotic Heart Disease

Due to Arteriosclerosis generalized

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 F. R. Bradley (M. D. or other)
Address Barnes Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 1284

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.