

FILED NOV 3 1947 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution 1950a Cherokee
(d) Length of stay: 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 1950a Cherokee
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Caroline Hepp

3. (b) If veteran, No 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 John 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 3, 1860

8. AGE: Years Months Days If less than one day
87 9 19

9. Birthplace Savannah Illinois

10. Usual occupation Housewife

11. Industry or business

12. Name Jacob Weibel
13. Birthplace Germany
14. Maiden name Mary Saltzer
15. Birthplace Germany

16. (a) Informant Mrs. Dorothy O. Svehla
(b) Address 1950a Cherokee
17. (a) Burial, cremation, or removal Cremation (b) Date thereof 10/24/47
(c) Place of burial or cremation Missouri Crematory

18. (a) Signature of funeral director Oscar J Hoffmeister
(b) Address 4016 Chippewa
19. (a) Date received local registrar OCT 24 1947 (b) Registrar's signature J. F. Bedeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 1947 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1947 to Oct 22 1947 that I last saw her alive on Oct 21 1947 and that death occurred on the date and hour stated above

Immediate cause of death Acute Dilatation of Heart

Due to Atherosclerosis

Due to Functional Psychosis

Other conditions (include pregnancy within 3 months of death) 99

Major findings: Of operations

Of autopsy

PHYSICIAN Underline the cause of 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Emil A Burst M.D. (M. D. or other) Address 1901 Charpree Date signed Oct 21

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

MOTHER FATHER

8386

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.