

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36871

36581

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 20 1947

State File No. 0

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2132

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town OVERLAND  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8924 BURTON  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS  
(c) City or town OVERLAND  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8924 BURTON  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Agnes L. Weiersmueller  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month OCT day 5  
year 1947 hour 9:55 PM minute \_\_\_\_\_ M.

4. Sex F 5. Color or race W.  
6. (a) Single, widowed, married, divorced M.  
(b) Name of husband or wife Rudolph  
(c) Age of husband or wife if alive 59 years  
7. Birth date of deceased OCT 5 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 25  
1947 to Oct 5 1947  
that I last saw PR alive on Oct 5 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
59 0 0 hr. min.

Immediate cause of death Cerebral hemorrhage  
Due to Hypertension  
Duration 6 wks

9. Birthplace ST LOUIS MO  
(City, town, or county) (State or foreign country)

Due to 930  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation HOUSEWIFE

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business OWN HOME

MOTHER FATHER  
12. Name EDW FLAHERTY  
13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY LENNON  
15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Rudie E. Weiersmueller  
(b) Address Overland Mo  
17. (a) BURIAL (b) Date thereof 10-9-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CALVARY Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director ORIMANN F. HOME  
(b) Address 9222 LACKLAND OVERLAND MO  
19. (a) 10-13-47 (b) Cecil R. Shaw  
(Date received local registrar) (Registrar's signature)

23. Signature Maureen G. Nicks (M. D. or other) MD  
Address 924 St Charles Rd Date signed 10/7/47

(Licensed Embalmer's Statement on Reverse Side) St Louis 14, Mo

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

16  
13  
1

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..... *Al C. Ostmann* .....

Licensed Embalmer No. *3478* .....

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.**