

No. 2  
12-45  
17-39  
X47070

FILED DEC 15 1947 **318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

**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:  
**5656 Waterman Ave. /**  
(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)

**3. (a) PRINT FULL NAME:** **MABEL WEISELS OLIAN**

**3. (b) If veteran,** name war..... **3. (c) Social Security** No.....

**4. Sex** **Female** / **5. Color or race** **White**

**6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife:** **Leslie Olian**

**6. (c) Age of husband or wife if alive:** **67** years

**7. Birth date of deceased:** **Unknown**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	56			hr. min.

**9. Birthplace:** **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** **At home**

**11. Industry or business:** \_\_\_\_\_

**MOTHER FATHER**

**12. Name:** **William Weisels**

**13. Birthplace:** **Prague**  
(City, town, or county) (State or foreign country)

**14. Maiden name:** **Rosa Magnus**

**15. Birthplace:** **Cincinnati Ohio**  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** **Leslie Olian**

**(b) Address:** **5656 Waterman Ave.**

**17. (a) Burial** **(b) Date thereof:** **12-9-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation:** **Mt. Sinai Cemetery**

**18. (a) Signature of funeral director:** **Perman Rudolph, Inc.**  
**5216 Delmar Blvd.**

**(b) Address:** **DEC 8 - 1947**

**19. (a) (Date received local registrar)** **(b) J. F. Bredenkamp**  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **000**

(c) City or town..... **St. Louis** **17**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5656 Waterman Ave.** **9**  
(If rural, give location)

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

If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Dec.** day **9** year **1947** hour **8** minute **10 P.** M.

**21. I hereby certify that I attended the deceased from**....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death: **Internal hemorrhage from laceration of femoral artery when found lying at a concrete sidewalk entrance of 5656 Waterman Ave. second floor window from 8710 Bu Dec 9 1947**

Other causes: **While suffering from a temporary heart condition**

Major findings: **Coronary atherosclerosis**

Of autopsy: **164**

**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 **suicide**

(b) Date of occurrence **Dec. 7 1947**

(c) Where did injury occur? **St Louis Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Sea of Home**

While at work?.....  
(Specify type of place) (Means of injury)

**23. Signature:** **Alfred J. Perry** (M. D. or other) **31**  
**Deputy Coroner** Date signed **12-8-47**

**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..... *John Ketterer*.....  
Licensed Embalmer No..... *3880*.....  
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.**