

FILED MAR 25 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2620

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: Stones Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis 96
(c) City or town (RURAL) Saint Johns Station 3
(If outside city or town limits, write "RURAL")
(d) Street No. 8709 David Avenue 1
KR (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Louise Christine Weis

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 Fred Henry Weis 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased September 29th, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 14 hr. 0 min.

9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name Martin Ingrund

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Christina Volfroth

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Weis

(b) Address 3331 N. Euclid Avenue

17. (a) Burial (b) Date thereof 3/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saint Johns Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Boulevard

19. (a) MAR 16 1948 (b) J. F. Beck
(Date received local registration) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1948 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 11, 1948 to March 13, 1948
that I last saw her alive on March 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Chronic)

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

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? (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 (C)

23. Signature C. E. Sterling (M. D. or other) MD

Address 2650 North 6 South Rd Date signed 15 March

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

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17
19

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..... Roep C. Linders.....
Licensed Embalmer No..... 4275.....
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.