

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27946

Registrar's No. 7417

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: 932a Russell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Anna LePage

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 Widow

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Oct. 18 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name Peter Weis 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Hueserman 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Woodley
(b) Address 932a Russell

17. (a) Burial (b) Date thereof 8/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Weldner

(b) Address 3634 Gravois Ave.

19. (a) AUG 24 1948
(Date received local registrar)

(b) J.F. Brebeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 932a Russell
23 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23 year 1948 hour 7 minute 50A. M.

21. I hereby certify that I attended the deceased from 8-1- 1948, to 8-23- 1948; that I last saw her alive on 8-22- 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to hypertension

Due to 82

Other conditions Paralysis
(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? _____

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

23. Signature L.F. Murray (M. D. or other) O
Address 606 S. Russell Date signed 9-24-48

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

MOTHER, FATHER

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 Robert C. Wheeler

Licensed Embalmer No. 2128

P. O. Address Hamlet, Ind

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.