

No. 300
10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35242
State File No. _____
Registrar's No. 2202

Registration District No. 319

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town FENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MAIN ST. 1
(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 Fenton
(If outside city or town limits, write "RURAL")
(d) Street No. Main St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MARY ROSE WEIL

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 WIDOWED

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

7. Birth date of deceased: Jul. 25 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace: High Ridge, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business _____

12. Name: Albert Wallach

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

14. Maiden name: Anna Blank

15. Birthplace: _____
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Gladys W. Hoffmeyer
(b) Address: Fenton, Mo.

17. (a) Burial (b) Date thereof: 10-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Park Hill Cemetery

18. (a) Signature of funeral director: _____
(b) Address: Fenton, Mo.
19. (a) 10-15-48 (b) Cecil A. Gray, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1948 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 10
1948 to Oct 13 1948
that I last saw her alive on Oct 13
and that death occurred on the date and hour stated above.

Immediate cause of death: Sarcoma of right hip.

Due to: _____
Due to: 552

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

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? 0

(Specify type of place) _____
(e) Means of injury _____

23. Signature: Frank Huck (M. D. or _____)
Address: Fenton, Mo. Date signed: 10-14-48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 M. Meyer
Licensed Embalmer No. 3285
P. O. Address Kirkwood 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.