

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3072

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>3yrs. 9 m.</u>		d. STREET ADDRESS (If rural, give location) <u>7529 Jenwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mount St. Rose</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Adele</u> b. (Middle) <u>Holly</u> c. (Last) <u>Weller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 2, 1915</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. d</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>Edward Grote</u>	13b. MOTHER'S MAIDEN NAME <u>Henrietta Willman</u>	14. NAME OF HUSBAND OR WIFE <u>Herbert Weller</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Weller</u> ADDRESS <u>7529 Jenwood, Jennings, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>12/1/50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Thoracoplasty</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis County Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from March 1947 to 12/13, 1950, that I last saw the deceased alive on 12/1/50, 1950, and that death occurred at 12:50 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>16 Hampton Village Pl.</u>	23c. DATE SIGNED <u>12/15/50</u>
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 16/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Suedmeyer & Sons</u> ADDRESS <u>3934 N. 20th St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/15/50</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Lombardi</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
4000
Hampton Village Pl. No. 4105

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Neville B. Prohvetter

Licensed Embalmer No. 3696

Signed.....
Student Embalmer

P. O. Address 3934 N. 20th ST.

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.