

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 13 1939  
Registration District No. \_\_\_\_\_

791  
1003

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 2  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 2837 Sidnsy St (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2837 Sidnsy St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Arthur F. Weil 400  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 489-01-2689

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Stella Weil 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased August 19 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 1 19 hr. min.

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

10. Usual occupation Traffic anager

11. Industry or business International Shoe Co 0

12. Name Harry Weil 0

13. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Seeger (State or foreign country)

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

16. (a) Informant's own signature Stella Weil

(b) Address 2837 Sidnsy St

17. (a) Burial (b) Date thereof Oct 12 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) OCT 9 1939 (b) \_\_\_\_\_  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th  
year 1939 hour 6:45 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from July 26 - 28  
Oct 8, 1939, to Oct 7, 1939  
that I last saw him alive on \_\_\_\_\_, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
CHRONIC MYOCARDITIS

Due to Chronic Myocarditis  
Chronic Myocarditis  
Due to RUBELLA COLICITIS KIDNEY  
T. B. CYSTITIS AND ASCENDING T. B  
LEFT KIDNEY (2 YEARS)

Other conditions R. NEPHRECTOMY AT ALEXAN BROS. HOSPITAL  
PHYSICIAN

Major findings: Chronic Myocarditis  
Of operation at Alexan Bros  
Of autopsy Aug 19 39  
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 30  
(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 [Signature] (M. D. or other) \_\_\_\_\_  
Address 2844 Lafayette Date signed 10-9

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**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 Frank J. Owens

Licensed Embalmer No. 2245

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, above space should be left blank.**