

JAN 12 1940

791

Registration District No.

1000

Primary Registration District No.

Registrar's No.

10854

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (c) Name of hospital or institution
4639 Newberry Ter.
 (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 Minnie Weiler

460

3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Female5. Color White6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

July 20-1878

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

61429

hr.

min.

9. Birthplace

Cincinnati Ohio

(City, town, or county)

(State or foreign country)

10. Usual occupation

Seamstress

11. Industry or business

Shirt Factory

MOTHER

12. Name Ben. Weiler

13. Birthplace

Switzerland

(City, town, or county)

(State or foreign country)

14. Maiden name

Rosalie Meyer

(State or foreign country)

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Jennie W. Hirsch

(b) Address

5521 Waterman Ave.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Dec. 21-39

(Month) (Day) (Year)

(c) Place: burial or cremation

Mt. Olive Jewish Cem.

18. (a) Signature of funeral director

H. Rindelkoff

(b) Address

5216 Delmar19. DEC 20 1939

(Date received local registrar)

(b)

J. D. [Signature]

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Lou
 (c) City or town St. Louis
4639 Newberry Ter.
 (If not in hospital or institution, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
 year 1939 hour 9 minute A M.

21. I hereby certify that I attended the deceased from
8-26, 1938, to Dec 19, 1939;
 that I last saw her alive on 18 of Dec, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death

acute dilatation of heart

Duration

Due to

Plus great carcinoma
origin in left breast

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)

(a) Means of injury

23. Signature Robert Thylard (M. D. or other)Address 3901 Park Ave. Date signed 12-20

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. 3830
working under my personal supervision.

Signed C. H. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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.