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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30-635

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7912**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Stone Nursing Home.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 months**
(Specify whether years, months or days) **5**

3. (a) PRINT FULL NAME **GERTRUDE WEILER.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Weiler** 6. (c) Age of husband or wife if alive **Dec'd.** years

7. Birth date of deceased **Aug. 13 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 9 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **at home**

12. Name **William Lemkuhle.**

13. Birthplace **? Germany.**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know.**

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

16. (a) Informant **Mr. John H. Weiler.**

(b) Address **2528 Clara Ave.**

17. (a) **Burial** (b) Date thereof **9-25-1940.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Lebanon Cemetery**

18. (a) Signature of funeral director **Geo. L. Pleitsch Inc.**

(b) Address **5966-68 Easton Ave.**

19. (a) **SEP 23 1940** (b) **J. B. Brubaker**
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County
(c) City or town **St. Louis** 7
(If outside city or town limits, write "RURAL.")
(d) Street No. **4947 Emerson Ave.**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A. **Life** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** Day **22nd.**
year **1940** hour **1** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **6-4**
19**38** to **9-21**, 19**40**
that I last saw **her** alive on **9-21** **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **6 yrs**

Due to **Serility**

Due to

Other conditions: **None**
(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) (c) Means of injury

23. Signature **C. W. Schumeler** (M. D. or other) **MD**
Address **4981 Thrush** Date signed **9-23-40**

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

RECEIVED
OCT 25 1940

Dr.G.C.Schumacher.
4981a Thrush Ave.
Hours 10.30 A.M. to 2.30 P.M.
Telephone Goodfellow 3100

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 3454

David C. Gibson

Registered Apprentice No.

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address, 5966 Eastern 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, above space should be left blank.