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X23159

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. **791** Registrar's No. **1003**

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days (Specify whether  
In this community 14 years years, months or days)

3. (a) PRINT FULL NAME Miss Marcella Louise Weber  
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 Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 25th, 1926  
(Month) (Day) (Year)

8. AGE: Years 14 Months 7 Days 2 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Scholar

11. Industry or business \_\_\_\_\_

12. Name Carl E. Weber

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

14. Maiden name Louise M. Bollmeier

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

16. (a) Informant Mr. Carl E. Weber  
(b) Address 4688 Tesson Avenue

17. (a) Burial (b) Date thereof Oct. 30, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Cemetery

18. (a) Signature of funeral director Bundeswiden Funeral Home Inc.  
(b) Address 1936 St. Louis Avenue

19. (a) OCT 29 1940 (b) J. S. Brebeck  
(Date of issue of certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 4688 Tesson Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th  
year 1940 hour 2 minute 12 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1938, to \_\_\_\_\_, 1940,  
that I last saw her alive on October 26, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal syndrome

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. C. Hansen M.D. (H&P) (M. D. or other) \_\_\_\_\_  
Address University Club Bldg. Date signed 10-28-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JE4716

Dr. E. O. Gauer  
Univ. Club

**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 *Delis J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**