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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30100

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 7439

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:
3016 Missouri Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600

(c) City or town St. Louis 24 12
(If outside city or town limits, write "RURAL")

(d) Street No. 3016 Missouri Ave. 5
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elsie Weil

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Herman

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

7. Birth date of deceased Aug. (Month) 10 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	1	4	hr. min.

9. Birthplace (City, town, or county) 4 Belgium (State or foreign country)

10. Usual occupation House Work

11. Industry or business At Home

FATHER
12. Name Peter Callewaert
13. Birthplace (City, town, or county) 4 Belgium (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 4 Belgium (State or foreign country)

16. (a) Informant Louis Weil
(b) Address 3655a Marceline Terr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Ch. Yd.

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.

19. (a) SEP 15 1941 (Date received local registrar) (b) J. P. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7-28-41, 19 to 9-14-41, 19
that I last saw her alive on 9-13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic Coronary Dis

Due to Pleuritic effusion non-pneumonic

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Aspirated Pleura

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Philip Scheck (M. D. or other)
Address 1703 S Grand Date signed 9-15-41

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence Kochow, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence Kochow

Licensed Embalmer No. 3093

P. O. Address 3015 Morgan

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.