

S. No. 2
M-1-4-41
rev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1033 367
State File No. _____
Registrar's No. _____

FILED FEB 24 1942 791
Registration District No. _____

Primary Registration District No. 1000

Registrar's No. _____

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:
5332 Murdock Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5332 Murdock Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sophia Weckler
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 13
year 1942 hour 8:00 minute _____ A. M.

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 November 18 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/23/40
_____, 19____ to 1/13/42, 19____;
that I last saw her alive on 1/13/42, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 11 24 _____ hr. _____ min.

Immediate cause of death:
Chronic myocarditis
Due to _____
Due to _____

9. Birthplace Vicksburg | Mississippi
(City, town, or county) (State or foreign country)
10. Usual occupation Home

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy _____

MOTHER FATHER { 11. Industry or business _____
12. Name Adolph Weckler
13. Birthplace Unknown | Germany
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Effinger
15. Birthplace Unknown | Germany
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Wm. J. Haupt
(b) Address 5332 Murdock Ave.
17. (a) Burial (b) Date thereof Jan-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery
18. (a) Signature of funeral director Shadon-Beckler and Per 60
(b) Address 3634 Gravois Ave
19. (a) JAN 13 1942 (b) J. P. Bredeek
(Date received local registrar) (Registrar's signature)

23. Signature D. C. P. [unclear] (M. D. or other)
Address 5323 S. N. Highway Date signed 1/13/42

(Licensed Embalmer's Statement on Reverse Side)

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

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. Ryland*

Licensed Embalmer No. *2645*

P. O. Address..... *St. Louis, Mo.*

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, fact should be so stated above.