

FILED JAN - 5 1943
 Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **9601**

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 **St. Anthony Hospital,**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 Day,**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri,** (b) County **000**
 (c) City or town **St. Louis,** **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. **807 Fillmore,**
(If rural, give location)
 (e) Citizen of foreign country? **No,** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Rose Weissler,**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female,** **5. Color or race** **White,** **6. (a) Single, widowed, married,** **2 divorced Widowed,**
6. (b) Name of husband or wife **Edward,** **6. (c) Age of husband or wife if alive** **9,** **1891**
7. Birth date of deceased **April** **9,** **1891**
(Month) (Day) (Year)

8. AGE: Years **51⁵⁰** Months **7** Days **8²** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis,** **Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **At Home,**

11. Industry or business _____
12. Name **Schnitzer,**
13. Birthplace **Germany,** **4**
(City, town, or county) (State or foreign country)
14. Maiden name **Don't know,**
15. Birthplace **Don't know,** **9**
(City, town, or county) (State or foreign country)
16. (a) Informant **Edward Weissler,**
(b) Address **807 Fillmore,**

17. (a) Burial, **(b) Date thereof** **11/20/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **SS. P & P Cemetery,**

18. (a) Signature of funeral director **Gibben - Benz Mortuary**
(b) Address **2842 Meramec St.**
19. (a) NGV 18 1942 **(b) J.F. Budack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **17**
 year **1942** hour **1:10** minute **05** A.M.
21. I hereby certify that I attended the deceased from **Nov 1**
1942 to **Nov 17** **1942**
 that I last saw her alive on **Nov 17** **1942**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **ac. Endocarditis**
Duration 1 day

Due to **Carcinoma of uterus** **3 hrs**
Due to _____
Other conditions **H/S**
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of uterus**
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? _____
(Specify type of place)
While at work _____
(a) Means of injury
23. Signature **D. W. H. Walters M.D.**
(M.D. or other)
Address **3608 8th** **Date signed** **11/18/42**

844

4505

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 Me

....., Registered Apprentice No.

working under my personal supervision.

Signed Joe S. Benz

Licensed Embalmer No. 4249
P. O. Address 2842 Keramec St.,
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.

U.S. 2B
ICU-41
27852

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9601
Registrar's No. 9601

Registration District No. _____ Primary Registration District No. _____

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: St. Anthony's Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Weessler
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Nov day 17
year 1942 hour 10 minute 05 a.m.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

21. I hereby certify that I attended the deceased from Nov - 1, 1942 to Nov - 17, 1942
that I last saw him alive on Nov - 17, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

8. AGE: Years 50 Months 7 Days 2 If less than one day _____ hr _____ min.

Due to _____
Due to _____

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

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) DEC 16 1942 (b) J. F. Bueck
(Date received local registrar) (Registrar's signature)

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 Dr. W. H. Walters (M. D. certificate)
Address 3608 S Grand Date signed 11/16/42

SUPPLEMENTAL

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

S-39465