

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1229**

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:
3414 Dunnica Av. 1
(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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3414 Dunnica Av.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leona L. Weilbacher

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William J. Weilbacher 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Nov. 25, 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER { 12. Name Conrad Schneider
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Eitzabeth Walters
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant William J. Weilbacher

(b) Address 3414 Dunnica Av.
17. (a) Burial (b) Date thereof 2-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Bur. Pr.

18. (a) Signature of funeral director Will Bro. & Nels

(b) Address 2929 S. Jefferson Av.

19. (a) FEB 17 1944 (Date received local registrar) J. J. Boudreau (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1944 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from 6/10, 1943 to 2/9, 1944

that I last saw her alive on 2/9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duquoin

Due to chronic nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/31

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) (e) Means of injury _____

23. Signature Ernest (M. D. or other) no
Address 3850 Grandway Date signed 2/10/44

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

W E Morris

Licensed Embalmer No.

3360

P. O. Address.....

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.