

FILED JUN 30 1944 **B 18**

Primary Registration District No. **1003**

Registrar's No. **5624**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4617 Steffans
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
 In this community 58 Years

3. (a) PRINT FULL NAME

Lena Weiler

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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 January 26 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>25</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Ernest Debold

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

14. Maiden name Louise Steger

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

16. (a) Informant William Fumbe

(b) Address 4617 Steffans

17. (a) Burial (b) Date thereof 6-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) JUN 22 1944 G. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5222 Walsh
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
 year 1944 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from June 1 - 1944
 _____, 19____, to June 21, 1944
 that I last saw her alive on June 21, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid Duration 6 mo

Due to Cancer Primary in Sigmoid

Other conditions Hb L
(Include pregnancy within 3 months of death)

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) (c) Means of injury _____

23. Signature Dr. W. H. Walters (M. D. or other) M.D.
 Address 3608 S Grand Date signed June 22, 1944

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..... *Virgil L. Berryman*

Licensed Embalmer No..... *4018*

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.