

FILED SEP 8 1944

318

Primary Registration District No. 1003

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Mo.
 (c) Name of hospital or institution: City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4354 Laclede
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 23
 year 1944 hour 12.30 P.M. minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex Male 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 Oct. 1, 1866
 (Month) (Day) (Year)

Immediate cause of death
Generalized Arteriosclerosis
 Due to Parental Senility
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 30

8. AGE: Years 77 Months 10 Days 22 If less than one day _____ hr. _____ min.

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 10. Usual occupation Ice Dealer
 11. Industry or business Retired
 12. Name Michael Weil
 13. Birthplace _____ (City, town, or county) Germany (State or foreign country)
 14. Maiden name Margaret Weil
 15. Birthplace _____ (City, town, or county) Va. (State or foreign country)

16. (a) Informant Stella Weil
 (b) Address 4354 Laclede
 17. (a) Burial (b) Date thereof 8/26/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cemetery

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)

18. (a) Signature of funeral director Edith E. Ambruster
 (b) Address 4234 Manchester
 19. (a) AUG 21 1944 (b) J. F. Predeck (Registrar's signature)
 (Date received local registrar) (Date signed)

While at work _____ (Specify type of place)
 23. Signature Edith E. Ambruster (M. D. or other)
 Address St. Louis, Mo. Date signed 8/24/44

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

MOTHER FATHER

1623

Embalmer separate cert files ^{To be}

AUG 24 1954

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.....

Licensed Embalmer No.....

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.