

Filed OCT 20 1944

Primary Registration District No. 6076

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

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town Mehlville rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mehl ave. & 61 Highway Rt. 8
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Mehlville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Mehl ave. & 61 highway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Charles Joseph Weisler

3. (b) If veteran, name war None

3. (c) Social Security No. 495-14-4764

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sadie 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 8 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>4</u>	<u>16</u>	hr. min.

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

10. Usual occupation Tuck Pointer

11. Industry or business Self

12. Name Joseph Weisler

13. Birthplace Germany (State or foreign country)

14. Maiden name Ratie Rein (City, town, or county) (State or foreign country)

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

16. (a) Informant Sadie Weisler

(b) Address rt. 8 Box 374 Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director. C. Hoffmeister. U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) OCT 26 1944 (Date received local registrar) E. S. McLanahan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1944 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 21, 1944, to Oct 23, 1944, that I last saw him alive on Oct 22, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death..... Angina pectoris

Due to..... 94 25

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 Waldorf Hull (M. D. or other)

Address Lemay 2823 Mo. Date signed Oct 24 1944

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..... *Louis C Hoffmeister*

Licensed Embalmer No..... *3871*

P. O. Address..... *7814 S Broadway*

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.

Dr. Will