

Registration District No. **318** Primary Registration District No. **1002**

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:
City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... **30 years**
 years, months or days) (Specify whether)

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. **1721 Franklin, Rear 2 West**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Margarete Pauline (Murphy) Weiler**
 3. (b) If veteran, name war.....
 3. (c) Social Security No. **Yes**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**
 6. (b) Name of husband or wife..... **Adam Weiler** 6. (c) Age of husband or wife if alive..... **Dec** years
 7. Birth date of deceased..... **Dec 31 1896**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 **4** **27** hr. min.

9. Birthplace **Nashville Tenn**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Press Feeder (Printer)**

11. Industry or business.....
 12. Name..... **Henry Driver**
 13. Birthplace..... **Waverly Tenn**
 (City, town, or county) (State or foreign country)
 14. Maiden name..... **Maggie Bell**
 15. Birthplace..... **Hickman Ky.**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Kenneth Stansfield (Sister)**
 (b) Address..... **Gray Bar Lane, Nashville, Tenn**
 17. (a) **Removal** (b) Date thereof..... **5-18-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Nashville, Tenn**

18. (a) Signature of funeral director..... **Alexander J. Bous**
 (b) Address..... **6175 Delmar, Blvd**
 19. (a) **MAY 13 1946** **J. F. Brebeck**
 (Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17**
 year **1946** hour **4** minute **10** M.
 21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
 that I last saw h..... alive on....., 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Fracture of skull & liquefaction of brain with abscess - found after autopsy 24 days near junction of 2nd & 3rd cervical vertebrae - approx 2 1/2 feet above level of skull opening on 12th street around 12:15 A.M. May 3 1946

Other conditions.....
 (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)..... **Unavoidable Accident**
 (b) Date of occurrence..... **May 3, 1946**
 (c) Where did injury occur?..... **25th Street**
 (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) (Means of injury).....
 23. Signature..... **W. H. Perry** (M.D. or other)
 Address..... Date signed..... **5/19/46**

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

17907

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 *Thomas Lemvik*

Licensed Embalmer No. *3793*

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.