. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED NOV 6 1946

State File No. 32920

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 350

**1. PLACE OF DEATH:**

(a) County Calloway

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

(c) Name of hospital or institution: State Hospital No. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mo 15 days (Specify whether

In this community 6 mo 15 day years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County St. Louis 14

(c) City or town St. Louis 1 (If outside city or town limits, write "RURAL")

(d) Street No. 6219 Bailey St. 2 (If rural, give location) 0

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

If yes, name country Germany

3. (a) PRINT FULL NAME Fredericka Weyler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 16 (Day) 1869 (Year)

8. AGE: Years 77 Months 2 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unknown 9
15. Birthplace (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Caroline Berkel

(b) Address 4592 Pope St. St Louis Mo.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof Oct. 26. 1946 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 712 Court Fulton, Mo

19. (a) 10-26-1946 (Date received local registrar) (b) Josie Morsenkhoff (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 26 year 1946 hour 2 minute 30 A M.

21. I hereby certify that I attended the deceased from Oct 1, 1946, to Oct 26, 1946; that I last saw her alive on Oct 25, 1946; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Myocarditis | |
| Due to Arterio-sclerosis | |
| Due to | |
| 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)

(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)

While at work? (e) Means of injury 0

23. Signature Forrest Thomas (M. D. or other)

Address Fulton Mo Date signed 10/26

38

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/6/46

## 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 Glen J. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.**