No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 24 1948

Registration District No. 3[illegible]

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7458

Registrar's No. 381

1. PLACE OF DEATH:

(a) County: St. Louis Co.

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

(c) Name of hospital or institution: Sunset Sanitarium (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

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.: 6121 McPherson Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Ray A. Weil

3. (b) If veteran, name war:

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: W.

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

6. (b) Name of husband or wife: Leopold A. Weil

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

7. Birth date of deceased: May (Month) 12 (Day) 1873 (Year)

8. AGE: Years 74 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation: at home

11. Industry or business:

MOTHER FATHER

12. Name: Aaron Stein

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

14. Maiden name: Fanny Rosenthal

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

16. (a) Informant: Samuel Stein

(b) Address: 6121 McPherson Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/8/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Sinai

18. (a) Signature of funeral director: [illegible]

(b) Address: 4356 Lindell Blvd

19. (a) 2-10-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1948 hour 6:10 minute P.M.

21. I hereby certify that I attended the deceased from Sept. 1, 1947, to Feb. 4, 1948, that I last saw her alive on Feb. 3, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	
Due to:	
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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

23. Signature: K. R. Loving (M. D. or other) M. D.

Address: Ballwin, Mo. Date signed: 2-4-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 27 1948

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 Ernest W. Spillar

Licensed Embalmer No. 4080

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.