

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0 (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME ELIZABETH WELLER

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife August Weller 6. (c) Age of husband or wife if alive Don't Know years
 7. Birth date of deceased Don't Know
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 79 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Tom Quinn

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

14. Maiden name Ann Hayes

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

16. (a) Informant Mrs. M. Moriarty

(b) Address 4907A Easton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5/48
 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) AUG 3 1948 (Date received local registrar) (b) J. J. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4907A Easton Ave.,
 (If rural, give location)
 (e) Citizen of foreign country? Memorial (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd
 year 1948 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from 7/13/48
 19 August 2nd 19 48
 that I last saw her alive on August 2nd 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular accident

Due to 830

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?

While at work? (Specify type of place) (c) Means of injury
 Signature J. J. Maden (M. D. or other)
 Address 1515 Lafayette 8/2/48

2663

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.....

Anthony Bonn....., Registered Apprentice No. *102*
working under my personal supervision.

Signed *Alfred J. Boedker*
Licensed Embalmer No. *2663*

P. O. Address. *1125 Hodiament Ave.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.