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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
100's

State File No. **38762**
Registrar's No. **10011**

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

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:
3452 Potomac St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... **Life** (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME **Frances E. Weiler**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Louis** 6. (c) Age of husband or wife if alive..... **71** years

7. Birth date of deceased..... **November 5, 1890**
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| ✓ | 58 | 0 | 11 | hr. min. |

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

10. Usual occupation..... **Housewife**

11. Industry or business.....

MOTHER, FATHER {
 12. Name..... **Alfred Reynolds**
 13. Birthplace..... **England**
 (City, town, or county) (State or foreign country)
 14. Maiden name..... **Dorothea Gerkin**
 15. Birthplace..... **Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. Louis Weiler**
 (b) Address..... **4507 Holly Ave**

17. (a) **Cremation** (b) Date thereof..... **11-19-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Valhalla Crematory**

18. (a) Signature of funeral director..... **Math. Hermann & Son, Inc.**
 (b) Address..... **261 E. Fair Ave**

19. (a) **NOV 18 1948** (b) **J. B. Lester**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **9 4507 Holly Ave**
 (If rural, give location)
 (e) Citizen of foreign country?..... **no** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **16**
 year..... **1948** hour..... **8** minute **00** P. M.

21. I hereby certify that I attended the deceased from **Nov 10**
 _____, 19**48** to **Nov 16**, 19**48**
 that I last saw him alive on **Nov 10**, 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **embolus cordialis**
 Duration.....

Due to..... **chronic hypertension**
arteriosclerosis of the aorta

Due to.....

Other conditions..... **12H**
 (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) (e) Means of injury.....

23. Signature..... **James Ross** (M. D. or other) **AS D**
 Address..... **1918 1/2 out gate** Date signed.....

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 *Walter W. Purshley*

Licensed Embalmer No. *4507*

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.