

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:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Days**
Life Time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **St. Anna Village**
(If outside city or town limits, write "RURAL")

(d) Street No. **3441 Wright Ave.**
(If rural, give location)

(e) **NR** Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Anna J. 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 **Joseph G. Weiler**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Feb. 21, 1869**
(Month) (Day) (Year)

8. AGE: Years **79** Months **10** Days **2**
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

12. Name **William J. Barrett**

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

14. Maiden name **Ellen Egan**

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

16. (a) Informant **John F. Weiler**

(b) Address **3433 Wright Ave.**

17. (a) **Burial** (b) Date thereof **12)27)48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Colliers Funeral Home**

(b) Address **10123 St. Charles Rd.**

19. (a) **DEC 24 1948** (b) **J.B. Lantz**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **23**
year **1948** hour **9** minute **20 A.** M.

21. I hereby certify that I attended the deceased from **Dec 15**, 19**48**, to **Dec 23**, 19**48**
that I last saw h. **ER** alive on **12/23**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Myocarditis** **8 mo.**

Due to **Atherosclerosis** **3 yrs.**

Other conditions (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? **7**

(Specify type of place) (Specify means of injury)

23. Signature **W.A. Keller** (M. D. or other)

Address **8924 St. Charles Rd.** Date signed **12/24/48**

St. Louis 14, Mo

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

MOTHER FATHER

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

Sheldon Collier

Licensed Embalmer No.

3382

P. O. Address

1023 St. Charles Rd

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.