

FILED MAY 4 1942

Registration District No. 784

Primary Registration District No. 113

Registrar's No. 967

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Florissant
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Florence Ethel Weller
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John Weller 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Sept. 11 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 19 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name James Henry McDowell
 13. Birthplace Missouri
 14. Maiden name Cereste Powle (State or foreign country)
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Christine Baur
 (b) Address 628 Grace Ave. Chicago Ill.

17. (a) Burial (b) Date thereof 4/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview, Farmington, Mo.

18. (a) Signature of funeral director L. M. White
 (b) Address 118 N. Florissant Rd. Ferguson

19. (a) APR 30 1942 (b) P. McManis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Unknown 50
 (c) City or town DeSoto
(If outside city or town limits, write "RURAL")
 (d) Street No. Unknown
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
 year 1942 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from _____ to 4/28, 1942
 that I last saw her alive on 4/28, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 6 hrs.

Due to Arteriosclerotic heart disease 10 yrs. (approx)

Due to arteriosclerosis, generalized

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: Of operations 932
 Of autopsy _____

Duration

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 P. McManis (M. D. or other) _____
 Address 3720 Washington St. Kansas, Mo. Date signed 4/28/42

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

96

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.....

.....
Licensed Embalmer No.

.....
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, above space should be left blank.