

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 1779

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:  
City Infirmary  
(If not in hospital or institution, write street number or location) 14 days  
(d) Length of stay: In hospital or institution. 2 years, 3 mos.  
(Specify whether years, months or days)  
In this community 11 years

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. 5800 Arsenal Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WEISENBORN, THEODORE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male ( ) 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Elizabeth Wolf-Messler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February - 26th - 1864  
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 15 If less than one day hr. \_\_\_\_\_ min \_\_\_\_\_

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary records,  
(b) Address 5800 Arsenal Street  
Anatomical Board

17. (a) \_\_\_\_\_ (b) Date thereof 5-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Quincy

18. (a) Signature of funeral director [Signature]  
(b) Address 3500 Cottage

19. (a) MAY 28 1946 (Date received local registrar)  
J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th,  
year 1946, hour 1: minute 30 A. M.

21. I hereby certify that I attended the deceased from July 2, 1945 to May 11, 1946;  
that I last saw him alive on May 9, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema - Duration Many years

Due to Cardiac De-compensation Several years

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 95  
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 Adm. Prussia Bowlish (M. D. or other)  
Address 5800 Arsenal Date signed 5-12-46

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

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**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, fact should be so stated above.**