

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

3379  
600

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>CITY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL MERAMEC</b>	
c. LENGTH OF STAY (in this place) <b>1 WEEK</b>		d. STREET ADDRESS (If rural, give location) <b>EUREKA RR # 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALEXIAN BROS</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>—</b> c. (Last) <b>WEIDNER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 18 - 1949</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>JAN 8 - 1882</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>67</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN-FARM</b>	11. BIRTHPLACE (State or foreign country) <b>HIGH RIDGE MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>ADAM WEIDNER</b>	13b. MOTHER'S MAIDEN NAME <b>MAGDALENA STEINMETZ</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, M, No, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Weidner</b>	ADDRESS <b>4409 Brown</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the liver</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Obstruction of Portal Vein</b>		
	DUE TO (c) <b>15 1/2 116 7</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 11, 1949, to Jan. 18, 1949, that I last saw the deceased alive on Jan. 18, 1949, and that death occurred at 11 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. L. Kirtz, M.D.</b>	23b. ADDRESS <b>3606 Gravois Ave.</b>	23c. DATE SIGNED <b>1/18/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>JAN 21 - 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. FILOMENAS CEM. HOUSE SPRINGS MO</b>	24d. LOCATION (City, town, or county) (State) <b>HOUSE SPRINGS MO</b>
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DATE REC'D BY LOCAL AGEN. <b>JAN 21 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Kasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. H. ...</b>	ADDRESS <b>House Springs Mo.</b>
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No. 300  
10.48  
WRITE PLAINLY—USING 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.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Lawrence M. Seymour*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

*4343*

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.