

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22223

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2066 Registrar's No. 1439

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| 1. PLACE OF DEATH a. COUNTY St Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis | |
| b. CITY OR TOWN Kirkwood | | c. CITY (If outside corporate limits, write RURAL and give township) DOWN Kirkwood | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 136 E Woodbine | | d. STREET ADDRESS (If rural, give location) 136 E Woodbine | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) H c. (Last) Weibel | | | 4. DATE OF DEATH (Month) (Day) (Year) June 7, 1950 | | |
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|---------------|------------------------|--|-------------------------------|------------------------------------|------------------------|------------------------|----------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Oct 19, 1892 | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
|---------------|------------------------|--|-------------------------------|------------------------------------|------------------------|------------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John F Fritz | 13b. MOTHER'S MAIDEN NAME Catherine Meyer | 14. NAME OF HUSBAND OR WIFE Harry H Weibel |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none | 17. INFORMANT'S SIGNATURE OR NAME Harry H Weibel | ADDRESS 136 E Woodbine |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 year |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 171X | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION erosion of Cervix + severe bleeding | 20. AUTOPSY? YES <input 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 1949, 19 to 5/19, 1950, that I last saw the deceased alive on 5/19, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) J. G. Grand MD | 23b. ADDRESS 5521 S. Parkway | 23c. DATE SIGNED 6/8/50 |
|---|------------------------------|-------------------------|

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| 24a. BURIAL CREMATION REMOVAL (Specify) burial | 24b. DATE 6/10/50 | 24c. NAME OF CEMETERY OR CREMATORY St Matthews Cemetery | 24d. LOCATION (City, town, or county) (State) St Louis, Mo. |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 9 1950 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein & Sons 7027 Gravois |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

working under my personal supervision.

Student Embalmer No.....

Signed W. G. Peterson

Signed.....
Student Embalmer

Licensed Embalmer No. 3767

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.