

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35444**

FILED OCT 27 1950

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8832</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <b>Mo</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis 2249</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3642 NEBRASKA AVE.</b>	
3. NAME OF DECEASED (Type or Print) <b>MINNIE T. WEIGAND</b>				4. DATE OF DEATH <b>OCT. 14, 1950</b>		5. SEX <b>F</b>	
6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>APRIL 19, 1872</b>		9. AGE (In years last birthday) <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>	
13a. FATHER'S NAME <b>GUSTAVE HAHN</b>		13b. MOTHER'S MAIDEN NAME <b>HENRIATE RIEDE</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>VIOLA WEIGAND</b> ADDRESS <b>3642 NEBRASKA</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage - Hemiplegia</b> DUE TO (c) <b>Hypertension</b>				INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs.</b> <b>4 yrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____		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? <b>321X</b>					
22. I hereby certify that I attended the deceased from <b>1/3, 1950</b> , to <b>10/14, 1950</b> , that I last saw the deceased alive on <b>10/17, 1950</b> , and that death occurred at <b>10:15 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>M. E. Eub. M.D.</b> (Degree or title)				23b. ADDRESS <b>3402 California</b>		23c. DATE SIGNED <b>10/16/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT. 18, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>VAL HALLA</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MISSOURI</b>	
DATE RECD BY REG. <b>OCT 28 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Jansen</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Schumacher</b> ADDRESS <b>3013 MERRIMAC</b>			

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

*Mick*

**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.

Student .....  
Student Embalmer

Signed *Jack Hunt* \_\_\_\_\_

Licensed Embalmer No. *4746* \_\_\_\_\_

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.