S. No. 300
. 10-48

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

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25801

BIRTH NO. ____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2563

1. PLACE OF DEATH
a. COUNTY: StLouis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Affton
c. LENGTH OF STAY (In this place): 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Miller Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): StLouis 2119
d. STREET ADDRESS (If rural, give location): 3225 Mohtgomery

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): J
c. (Last): Weinheimer

4. DATE OF DEATH (Month) (Day) (Year): 7-3-51

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 0-3-1881
9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stage hand
10b. KIND OF BUSINESS OR INDUSTRY: Theatre
11. BIRTHPLACE (State or foreign country): StLouis Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Cecelia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 494-07-2945
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: City Welfare Office SrLouisMo

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Diabestes and Chronic
DUE TO (c): Sclerosis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 26 ox

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 1st *19* 51 *to* 7-3 *, 19* 51 *, that I last saw the deceased alive on* 7-3- *, 19* 51 *, and that death occurred at* 710 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Walters M.D.
23b. ADDRESS: 3608 So Grand
23c. DATE SIGNED: 7-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-3-1951
24c. NAME OF CEMETERY OR CREMATORY: StMatthews Cemetery
24d. LOCATION (City, town, or county) (State): Bates & Gravois StLouis Mo.

DATE REC'D BY LOCAL REG.: 7-3-51
REGISTRAR'S SIGNATURE: Herbert R. Lamb M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Rowland Mortuary Service Inc.
(Licensed Embalmer's Signature) 4104 Marcheseault Ave. St. Louis 10, Mo.

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 Howard F. Rowland

Signed.....
Student Embalmer

Licensed Embalmer No. 3114

P. O. Address Orono Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.