

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32240**

**FILED SEP 15 1951**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 219 **PRIMARY REG. DIST. NO.** 6077 **Registrar's No.** 57

<b>1. PLACE OF DEATH</b> a. COUNTY <u>STE. Genevieve</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>STE. Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozora, Beauvais</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE Genevieve</u>	
c. LENGTH OF STAY (In this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>703 LA PORTE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STAR ROUTE, ST. MARYS</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>LORENA</u>		b. (Middle) <u>MATHILDA</u>	
c. (Last) <u>Weiler</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Sept 2 1951</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>NEVER MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>Dec 6 1904</u>
<b>9. AGE</b> (In years last birthday) <u>46</u>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 1 HRS. Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>STE. Genevieve Mo</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A</u>		<b>13a. FATHER'S NAME</b> <u>CHARLES J Weiler</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>CATHERINE Schwent</u>		<b>14. NAME OF HUSBAND OR WIFE</b> _____	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> _____	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs Charles Weiler, Ste. Genevieve, Mo</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			
<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Chronic Myocarditis</u>			?
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Branchial pneumonia</u>			<u>9/1/51</u>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
		<u>4222</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>Aug. 29</u>, 19<u>51</u>, to <u>Sept. 2</u>, 19<u>51</u>, that I last saw the deceased alive on <u>Sept. 1</u>, 19<u>51</u>, and that death occurred at <u>6:10 P. m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>R. G. Lanning M.D.</u>		<b>23b. ADDRESS</b> <u>Ste. Genevieve Mo.</u>	
<b>23c. DATE SIGNED</b> <u>9/3/51</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>		<b>24b. DATE</b> <u>9/5/51</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>WALK SPRING</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>STE. Genevieve Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Sept. 6, 1951</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Lucia M. Farber Dep.</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Rea Pauline Lanning</u>		<b>ADDRESS</b>	

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

0950

RECEIVED  
SEP 6 - 1951  
DISTRICT HEALTH OFFICE No. 4  
File No. \_\_\_\_\_

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 Adrian J. Ehler

Licensed Embalmer No. 4746

P. O. Address St. Genevieve, 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.