

No. 300
10.48
XC 2306317REG # 99952
FILE MARK 22 1952THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11616

State File No.

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	Registrar's No. 388
1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) 8 HOURS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2149
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. STREET ADDRESS (If rural, give location) 4946 WINONA STREET		
3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) C. c. (Last) WEIDNER		4. DATE (Month) (Day) (Year) OF DEATH FEBRUARY 10, 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPTEMBER 4, 1873	9. AGE (In years last birthday) 78 # UNDER 1 YEAR Months # UNDER 2 Wks. Days # UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MANCHESTER, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Late Josephine Weidner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES SPAN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MISSOURI
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE, LEFT INTERVAL BETWEEN ONSET AND DEATH 1 days ANTECEDENT CAUSES DUE TO (b) HYPERTENSIVE VASCULAR DISEASE Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) NEPHROSCLEROSIS 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS		
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) m. VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2-10-1952, to 2-10-1952, that I listed on this certificate the cause of death, and that death occurred at 9:30P m., from the causes and on the date stated above.				
23a. SIGNATURE DUANE R. TAYLOR (Degree or title)		23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.		23c. DATE SIGNED 2-10-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		24b. DATE Feb. 13, 1952		24c. NAME OF CEMETERY OR CREMATORY Gumbo Cemetery
24d. LOCATION (City, town, or county) GIMBO MISSOURI		24e. (State)		
DATE REC'D BY LOCAL REG. 2-12-52		REGISTRAR'S SIGNATURE Herbert H. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Richard H. Stovesand

Licensed Embalmer No.

4007

P. O. Address.....

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.