

18676

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

4130

Registrar's No. ....

1003

PRIMARY REG. DIST. NO.

REG. DIST. NO.

318

BIRTH NO. ....

MAY 19 1952

No. 300

10-48

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>8 weeks</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2239</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>2311 Shenandoah Ave.</b>		
3. NAME OF DECEASED (Type or Print) <b>Clara Weingardt</b>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <b>April 30, 1952</b>			(Month)	(Day)	(Year)
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>November 20, 1867</b>	9. AGE (In years last birthday) <b>84</b>	10. IF UNDER 1 YEAR Months <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Weingardt</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Hoepfer</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 ADDRESS <b>Mrs. Lottie Fischer 3627 California Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>hemorrhagic pancreatitis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio Vasculor Disease</b> DUE TO (c) <b>Cholecystitis &amp; Cholelithiasis</b>  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 da</b>  <b>5 yr</b>  <b>5 yr</b>
19a. DATE OF OPERATION	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)	21f. HOW DID INJURY OCCUR? <b>58HX</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <b>2/18</b> , 19 <b>52</b> , to <b>4/30</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>4/29</b> , 19 <b>52</b> , and that death occurred at <b>2:40 A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Dorothy Akerich</b> (Degree or title)	23b. ADDRESS <b>5633 So Kingshighway</b>	23c. DATE SIGNED <b>5/2/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/3/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>MAY 2 1952</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John H. Gebken Sons 2630 Gravois Ave.</b>			

(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

*Robert F. Gebker*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.