

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22795**
5181

FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | b. COUNTY MO | |
| c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2239 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1321 A LAMI | | d. STREET ADDRESS (If rural, give location) 23 1321 A LAMI 0 | |

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|---|-------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) PHILLIP b. (Middle) WEICK c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) JUNE-4-52 | | |
| 5. SEX M. | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH SEPT-19-1882 | | 9. AGE (In years last birthday) 69 YRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOTTLER | | 10b. KIND OF BUSINESS OR INDUSTRY COCA COLA | | 11. BIRTHPLACE (State or foreign country) MO. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME John WEICK | | 13b. MOTHER'S MAIDEN NAME CAROLINE WALSH | | 14. NAME OF HUSBAND OR WIFE Katherine WEICK | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Katherine Weick 1321 A Lami | |

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|--|--|--|---|-----------------|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. + | |
| | ANTECEDENT CAUSES DUE TO (b) arterial Hypertension | | | 1 yrs. + |
| | DUE TO (c) Valvular heart disease | | | 2 yrs. + |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 443X | |

22. I hereby certify that I attended the deceased from **March**, 1951, to **June**, 1952, that I last saw the deceased alive on **June 3**, 1952, and that death occurred at **1 P. m.**, from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE John Waley MD (Degree or title) | | 23b. ADDRESS 1800^a Sidney St. | | 23c. DATE SIGNED 6/6/52 | |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL | | 24b. DATE JUNE-7-52 | | 24c. NAME OF CEMETERY OR CREMATORY NEW PICKERS. | |
| 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO. | | | | | |

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|--|--|---|--|
| DATE RECD BY LOCAL REGISTRAR'S SIGNATURE JUN 6 1952 J. Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmor 3125 Lafayette Av | |
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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

Joseph B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.