

26593

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10-48

FILED JUL 23 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1897</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>10 years</u>		CITY OR TOWN <u>Clayton</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>27 Ridgemoor Drive</u>				d. STREET ADDRESS (If rural, give location) <u>27 Ridgemoor Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>		b. (Middle) <u>WILLIAM</u>		c. (Last) <u>WEITZER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 11 52</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3/20/1894</u>	
9. AGE (In years last birthday) <u>58</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Raw Furs</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>London England</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Executive</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Raw Furs</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>London England</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Abraham Weitzer</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Evelyn Cohn Weitzer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 1st W.W.</u>		16. SOCIAL SECURITY NO. <u>498-01-6989</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Evelyn Weitzer 27 Ridgemoor Dr.</u>			
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) <u>Acute pulmonary edema</u>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis (chronic)</u>							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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)		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 <u>May 19 51</u> to <u>July 11, 19 52</u> that I last saw the deceased alive on <u>7/11/52, 19</u> , and that death occurred at <u>10 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>P.D. Steele</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>462 N. Taylor Ave.</u>		23c. DATE SIGNED <u>7/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>7/13/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Va;halla</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-12-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mayer</u>		ADDRESS <u>4356 Lindell Bl.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 6 1952

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

John S. Dennis

Licensed Embalmer No. *4194*

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.