

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1953

State File No. 3912  
Registrar's No. 0528

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 3912		Registrar's No. 0528				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST LOUIS</i>			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST LOUIS</i>			2179			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1717<sup>2</sup> LONGFELLOW</i>				d. STREET ADDRESS (If rural, give location) <i>1717<sup>2</sup> LONGFELLOW</i>								
3. NAME OF DECEASED (Type or Print) <i>HELEN</i>		a. (First)		b. (Middle)		c. (Last) <i>WEINIG</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>JAN 15 1953</i>				
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NEVER MARRIED</i>		8. DATE OF BIRTH <i>AUG 20 1889</i>		9. AGE (In years last birthday) <i>63</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSE WORK</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>			11. BIRTHPLACE (State or foreign country) <i>ST LOUIS MO</i>			12. CITIZEN OF WHAT COUNTRY? <i>U</i>			
13a. FATHER'S NAME <i>JOHN MARTIN WEINIG</i>			13b. MOTHER'S MAIDEN NAME <i>ROSINA WITT</i>			14. NAME OF HUSBAND OR WIFE						
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. <i>NINE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Walter Fiebiger 3022<sup>2</sup> Tennes</i>								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Thrombosis</i>								
				ANTECEDENT CAUSES								
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocarditis Chronic</i> DUE TO (c) <i>Hypertension</i>								
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									20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <i>4201</i>							
22. I hereby certify that I attended the deceased from <i>11/19 1952</i> to <i>12/22 1952</i> , that I last saw the deceased alive on <i>12/24 5<sup>30</sup></i> , and that death occurred at <i>8 P</i> m., from the causes and on the date stated above.												
23a. SIGNATURE <i>W.C. Hansen</i> (Degree or title)				23b. ADDRESS <i>3012 Lafayette</i>				23c. DATE SIGNED <i>1/17/53</i>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>JAN 19-1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>ST PETER &amp; PAUL CEM</i>		24d. LOCATION (City, town, or county) (State) <i>ST LOUIS MO</i>						
DATE REC'D BY LOCAL REG. <i>JAN 17 1953</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wm. J. Robert L.U.C. 1905 S. Grand</i>							

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, 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.