

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20039

FILED JUN 5 1953

State File No. _____

318

1003

5086

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE _____ b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>9 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mehlville 4840</u>		d. STREET ADDRESS (If rural, give location) <u>4521 Lemay Ferry Rd</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sadie</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Weisler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17th 1953</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1883 Sept. 4th</u>		
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR <u>8</u> Months	IF UNDER 1 YEAR <u>13</u> Days	IF UNDER 1 HR. <u></u> Hours	IF UNDER 1 HR. <u></u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unkown</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Short</u>		14. NAME OF HUSBAND <u>Charles J Weisler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-26-9438</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Edward Weisler</u> ADDRESS <u>4521 Lemay Ferry</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Embolism</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic Ht. d. 2 yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4200</u>				
22. I hereby certify that I attended the deceased from <u>ca</u> , 19 <u>51</u> , to <u>May 17</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 9</u> , 19 <u>53</u> , and that death occurred at <u>11 p</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>James C. P. [Signature]</u> (Degree or title) _____				23b. ADDRESS <u>4047 G. [Address]</u>		23c. DATE SIGNED <u>May 23, 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 21st 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>			
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Fey Funeral Home Inc. Ferry Rd</u> ADDRESS <u>4100 Lemay</u>			

H-T. (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

m. W. Rueter

Licensed Embalmer No.

4865

P. O. Address

St Paul, Minn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.