

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41346**
Registrar's No. **11128**

FILED DEC 4 - 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY St			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hosp			e. STREET ADDRESS (If rural, give location) 6808 Salzburger		
3. NAME OF DECEASED (Type or Print) a. (First) Courtney b. (Middle) Frederich c. (Last) Weast			4. DATE OF DEATH (Month) (Day) (Year) Nov 22 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 21, 1892	9. AGE (In years) (Month) (Day) (Year) 61 8 11	10. UNDER 1 YEAR IT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator		10b. KIND OF BUSINESS OR INDUSTRY Fulton Iron Wks		11. BIRTHPLACE (City and State or Foreign Country) Disark Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Robert Weast		13b. MOTHER'S MAIDEN NAME Hovine	
14. NAME OF HUSBAND OR WIFE Hilda		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or date of service) Yes WW #1		16. SOCIAL SECURITY NO. 489-10-3034	
17. INFORMANT'S SIGNATURE OR NAME Hilda Weast		ADDRESS 6808 Salzburger			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Right Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH slut one year
19a. DATE OF OPERATION slut 11/25/53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of upper Lobe of Rt. Lung			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? 163x	
22. I hereby certify that I attended the deceased from June 10 1852 to Nov 22 1953 , that I last saw the deceased alive on Nov 22 - 1953 , and that death occurred at 8:00 P. m., from the causes and on the date stated above.					
23a. SIGNATURE [Signature]			23b. ADDRESS 3606 St. Charles		23c. DATE SIGNED 11/23/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov 25, 1953		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE John L Ziegenhein & Sons			
DATE REC'D BY LOCAL REG. NOV 24 1953		ADDRESS 7027 Gravois			

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.....
Signature of Student Embalmer

Signed *Neville D. Frohwitter*.....

Licensed Embalmer No. *3696*.....

P. O. Address *7027 Travis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.