

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41359

FILED DEC 4-1953

318

1003

State File No. ....

Registrar's No. 11057

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN c. <u>St. Louis, Missouri.</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis, 9.</u>		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 <u>#6156 Columbia Avenue.</u>				e. STREET ADDRESS (If rural, give location) <u>#6156 Columbia Avenue.</u>				
3. NAME OF DECEASED (Type or Print) <u>BERTIE MARIE WEICHELt.</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Nov 19, 1953.</u>				4. DATE OF DEATH (Month) (Day) (Year)				
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>April 22, 1886.</u>		
9. AGE (In years last birthday) <u>67.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Christian Science Practitioner.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) / <u>Hagerstown, Maryland.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel <del>Walt</del> Williams</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>		14. NAME OF HUSBAND OR WIFE <u>Walter O. Weichelt.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stephen Curtis, Boston 15, Mass.,</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>See 19b</u>				MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				INTERVAL BETWEEN ONSET AND DEATH _____				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Ruptured of the Heart</u>				
				DUE TO (c) <u>Myocardial Infarction</u>				
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		
21. 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) _____		21f. HOW DID INJURY OCCUR <u>4201</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on <u>1035A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>11/21/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation.</u>		24b. DATE <u>11/23/53.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory.</u>		24d. LOCATION (City, town, or county) (State) <u>#7800 St. Charles Rock Road.</u>		
DATE REC'D BY LOCAL REG. <u>NOV 21 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Sons, 7233 Delmar Blv'd.,</u>				

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

See 19b

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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 *Clarence H. Munn*.....

Licensed Embalmer No. *4011*.....

P. O. Address *St. Louis*.....

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.

State of Massachusetts  
County of Suffolk ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 41359-53  
Local Registrar's No. 11057

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6th day of March, 1954, before me appears Stephen Curtis

, who, upon his oath, states that the original record of <sup>birth</sup> death

MRS BERTIE M. WEICHELT died NOVEMBER 19, 1953 in the State of  
Missouri, and which was filed at ST LOUIS on NOV 23, 1953, should be corrected as follows:

Item No. FATHER ? should read SAMUEL J. CROMER

Instead of UNK.

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Stephen Curtis - FRIEND  
18 Charlesgate West Relationship.  
Boston 15 Mass

Present Address.

Subscribed and sworn to before me this 6th day of March, 1954

William B. Leavers  
Notary Public

William B. Leavers Notary Public.

My Commission expires My Commission Expires

August 13, 1959

