

FILED DEC 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43822

BIRTH NO. _____ REG. DIST. NO. 279273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY OR TOWN <u>PERRYVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township); OR TOWN <u>STE. GENEVIEVE</u> <u>0951</u>	
c. LENGTH OF STAY (In this place) <u>3 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>823 BILTMORE ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PERRY CO. MEMORIAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) <u>MARY</u> c. (Last) <u>WEILER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 19 1953</u>
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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>DEC 2 1872</u>	9. AGE (In years last birthday) <u>81</u>	10. AGE (In years) if UNDER 1 YEAR <u>81</u>	10. AGE (In years) if UNDER 1 YEAR Months <u></u> Days <u></u>	10. AGE (In years) if UNDER 1 YEAR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>NEW OFFENBURG MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>JOSEPH SCHWENT</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCISCA STOEZLE</u>	14. NAME OF HUSBAND OR WIFE <u>PETER J. WEILER</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Louis Weiler Ste. Genevieve Mo</u>	17. ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lower nephros nephrosis</u>		<u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unscarated umbilical hernia</u>		<u>7 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>congestive heart failure</u>		<u>2 weeks</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5615</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12/14, 1953, to 12/19, 1953, that I last saw the deceased alive on 12/19, 1953, and that death occurred at 8:15p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John S. Wedemann MD</u> (Degree or title)	23b. ADDRESS <u>Parrville, Mo.</u>	23c. DATE SIGNED <u>12/20/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>DEC 22 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LADY HELP OF CHRISTIANS WEINGARTEN</u>	24d. LOCATION (City, town, or county) (State) <u>MO</u>
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DATE REC'D BY LOCAL REG. <u>12-26-53</u>	REGISTRAR'S SIGNATURE <u>Joseph J. Zellner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leo E. Becker Ste. Genevieve Mo</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

299

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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address. Ste. Dorothea, 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.