

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17328**
4260
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 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. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2012 Sidney | | d. STREET ADDRESS (If rural, give location) 23 2012 Sidney | |
| 3. NAME OF DECEASED a. (First) Paul b. (Middle) A. c. (Last) Weidemann | | 4. DATE OF DEATH May 10 1954 | |
| 5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH May 6 1910 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Botter | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo | |
| 10b. KIND OF BUSINESS OR INDUSTRY Griesedick Bros | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John Weidemann | | 13b. MOTHER'S MAIDEN NAME Gertrude Hommelson | |
| 13c. NAME OF HUSBAND OR WIFE Marie Weidemann | | 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) NO NO | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Marie Weidemann | | 17. ADDRESS 2012 Sidney | |

| | | | | |
|---|--|---|--|----------------------------------|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Possibly Coronary occlusion. | | INTERVAL BETWEEN ONSET AND DEATH |
| 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. | | | | |

| | | | | | |
|---|--|--|--|--|--|
| 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? 4201 | |

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 at **10:45 Pm.**, from the causes and on the date stated above.

| | | | | | |
|--|--|--------------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE Ralph Berg MD | | 23b. ADDRESS 3203 S. Grand | | 23c. DATE SIGNED 5/11/54 | |
|--|--|--------------------------------------|--|------------------------------------|--|

| | | | | | | | |
|---|--|-----------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 24b. DATE 5/14/54 | | 24c. NAME OF CEMETERY OR CREMATORY Mo. Cematory | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | |
|---|--|-----------------------------|--|---|--|---|--|

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|--|--|---|--|--|--|--------------------------------|--|
| DATE REC'D BY LOCAL REG. MAY 11 1954 | | REGISTRAR'S SIGNATURE J. Charles Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Wm Schumacher | | ADDRESS 3013 Meramec | |
|--|--|---|--|--|--|--------------------------------|--|

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 Berles Alman

Licensed Embalmer No. 4366

P. O. Address W. Lewis

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.