

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25414**
Registrar's No. **5973**

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

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

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) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) 1Y 9M 15D	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 ST. LOUIS CHRONIC HOSPITAL		e. STREET ADDRESS (If rural, give location) 5600 Arsenal St.	
3. NAME OF DECEASED (Type or Print) a. (First) HELENE		b. (Middle) _____	c. (Last) WEIS
		4. DATE OF DEATH (Month) (Day) (Year) 7 2 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH August 6, 1882
9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR (Months) (Days) 10 26	11. IF UNDER 24 HRS. (Hours) (Min.) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Antone Boeth	
		13b. MOTHER'S MAIDEN NAME Rosena Lang	14. NAME OF HUSBAND OR WIFE Widow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Shirley Seger ADDRESS 3454 Osceola St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH 4 years	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) _____		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <i>Diabetes Mellitus</i>		_____	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4500	
22. I hereby certify that I attended the deceased from 9/17 , 19 52 , to July 2 , 19 54 , that I last saw the deceased alive on July 2 , 19 54 , and that death occurred at 8:00A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Angela Fisher, M.D.</i>		23b. ADDRESS 5600 Arsenal St.	23c. DATE SIGNED 7/2/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 6, 1954	24c. NAME OF CEMETERY OR CREMATORY Mount Evergreen	24d. LOCATION (City, town, or county) (State) Millstadt, Illinois
DATE REC'D BY LOCAL REG. JUL 2 1954	REGISTRAR'S SIGNATURE <i>J. Carly Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois	

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..... *Robert F. Lebb*

Licensed Embalmer No... 4144

P. O. Address 2630 Grayola A.....

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.