

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29307

BIRTH NO. 57241-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7198

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 <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN XXXXXX <i>13</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. John Hosp</i>		e. STREET ADDRESS (If rural, give location) XXXXXX <i>1937 Maria Lane</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary</i> b. (Middle) <i>Ann</i> c. (Last) <i>Weseloh</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>8 3 54</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>7/28/54</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>Harold S. Weseloh</i>	
13b. MOTHER'S MAIDEN NAME <i>Jane L. Moore</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Harold Weseloh</i>		ADDRESS <i>1937 Maria Lane</i>	
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>Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Prematurity</i>		<i>5 days</i>	
DUE TO (c)		<i>5 days</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Mangalasin</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>7635</i>			
22. I hereby certify that I attended the deceased from <i>Aug. 1, 1954</i> , to <i>Aug 3, 1954</i> , that I last saw the deceased alive on <i>Aug 3, 1954</i> , and that death occurred at <i>2A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Austin R. Sharp</i>		23b. ADDRESS <i>6004 W. Florissant, Mo.</i>	
23c. DATE SIGNED <i>Aug 3 1954</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>8/3/54</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Lindberg + St. Charles R. Rd.</i>	
DATE REC'D BY LOCAL REG. <i>AUG 4 1954</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Smith</i>		ADDRESS <i>2228 St. Louis Ave.</i>	

✓ STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *No Embalming*
Robert J. Finley
Funeral Director
Licensed Embalmer No.....

P. O. Address

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.