

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14242

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>915</u>	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS,</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RICHMOND HEIGHTS</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY OR TOWN <u>NORMANDY</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>ST MARY'S HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>4608 OAKRIDGE AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>			b. (Middle) <u>WEIDNER</u>		c. (Last) <u>WEIDNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 18, 1955</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>7/6/15</u>		9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT SCHOOL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ROBERT WEIDNER</u>			13b. MOTHER'S MAIDEN NAME <u>VIRGINIA COLEMAN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROBERT WEIDNER 4608 OAKRIDGE AVE</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis &amp; cerebral degeneration</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> ANTECEDENT CAUSES Morbidity 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 <u>343x</u>				20. AUTOPSY? YES <input checked="" 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) <u>ST LOUIS MISSOURI</u>			
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 <u>0</u>			
22. I hereby certify that I attended the deceased from <u>3-15</u> , 19 <u>55</u> , to <u>4-16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-16</u> , 19 <u>55</u> , and that death occurred at <u>10</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John H. Damm</u>				23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>4-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/21/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>4/20/55</u>		REGISTRAR'S SIGNATURE <u>Hebecl R. Stenberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *M W Ruster*.....

Licensed Embalmer No. *486*

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.