

Dr. Hackmeyer 4703 A. Virginia
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1956

State File No. **3089**
 Registrar's No. **569**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4224 California Ave				e. STREET ADDRESS (If rural, give location) 15 4224 California Ave			
3. NAME OF DECEASED a. (First) EDNA (Type or Print)		b. (Middle) _____		c. (Last) WEATHERBY		4. DATE OF DEATH (Month) (Day) (Year) 1-14-1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-8-1891		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 68 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Herman Geipel		13b. MOTHER'S MAIDEN NAME Emma Tohn		14. NAME OF HUSBAND OR WIFE Raymond Weatherby			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-28-5470		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Weatherby 4224 California Ave			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION-DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus Chr. Endocarditis & Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. mitral & aortic Myocarditis Arteriosclerosis DUE TO (c) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 1 min. 2 yr 2+ yr	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4214				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? _____			
22. I hereby certify that I attended the deceased from 12-3 , 19 53 , to 1-14 , 19 56 , that I last saw the deceased alive on Dec. 28 , 19 54 , and that death occurred at 10:30 AM , from the causes and on the date stated above.							
23a. SIGNATURE R. Hackmeyer M.D. (Degree or title)				23b. ADDRESS 4703a Virginia +703+Virginia		23c. DATE SIGNED 1-16-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-17-1956		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) 10180 Gravois Road Affton Mo.	
DATE REC'D BY LOCAL REG. JAN 17 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		FURNERAL DIRECTOR'S SIGNATURE Diegenheim		ADDRESS 6409 Gravois Ave	

(Licensed Embalmer's Statement on Reverse Side)

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..... *Jan M. Szymorek*

Licensed Embalmer No. *4343*

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.