

No. 300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3215

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN CLAYTON		c. CITY OR TOWN OVERLAND	
c. LENGTH OF STAY (in this place) 6 1/2 HRS		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 CO. HOSPITAL		e. STREET ADDRESS (If rural, give location) 2630 BURNS	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Weier c. (Last) Weier			4. DATE OF DEATH (Month) (Day) (Year) Jan 5, 1956		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MARCH 27 1894		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY ZIESER + KING		11. BIRTHPLACE (City and State or Foreign Country) ROMANIA	
12. CITIZEN OF WHAT COUNTRY? Unknown		13a. FATHER'S NAME NICHOLAS WEIER		13b. MOTHER'S MAIDEN NAME CATHERINE WETZLER	
14. NAME OF HUSBAND OR WIFE CATHERINE WEIER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NUMBER 444-03-8289	

17. INFORMANT'S SIGNATURE OR NAME CATHERINE WEIER		ADDRESS 2630 BURNS	
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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) Cerebral Hemorrhage		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) Arteriosclerosis			
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 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) 331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **1-5, 1956**, to **1-5, 1956**, that I last saw the deceased alive on **1-5, 1956**, and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph G. Crust M.D.		23b. ADDRESS 601 S. Brentwood, Clayton, Mo		23c. DATE SIGNED 1-6-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-9-56		24c. NAME OF CEMETERY OR CREMATORY MT HOPE CEMETERY	
24d. LOCATION (City, town, or county) (State) LEMAY MO		24e. NAME OF FUNERAL DIRECTOR'S SIGNATURE MARK HILLMAN		ADDRESS OVERLAND MO	

DATE REC'D BY LOCAL REG. 1-6-56		REGISTRAR'S SIGNATURE Herbert S. ...		25. FUNERAL DIRECTOR'S SIGNATURE MARK HILLMAN	
				ADDRESS OVERLAND MO	

(Licensed Embalmer's Seal 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 *E. W. Hillman*.....

Licensed Embalmer No. *3501*.....

P. O. Address *Greeland, Va*.....

**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.**