

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8661

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>WASHINGTON</b>	c. LENGTH OF STAY (In this place) <b>4 DAYS</b>	c. CITY OR TOWN <b>Warrenton</b>	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 <b>ST FRANCIS HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>Katie game home 1090</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ERNST</b>	b. (Middle) <b>WEISSBARTH</b>	c. (Last) <b>WEISSBARTH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 11, 1956</b>
--	-------------------------------	-----------------------------	--

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Nov. 15-1868</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
-----------------	---------------------------	---	--------------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FACTORY WORKER, RET</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Wagner Elect Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bohemia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	--

13a. FATHER'S NAME <b>Not known</b>	13b. MOTHER'S MAIDEN NAME <b>Kahn</b>	14. NAME OF HUSBAND OR WIFE <b>not known</b>
-------------------------------------	---------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>489-18-1154</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Joseph A. Ciniq</b>	ADDRESS <b>8146 Vena Ave ST. L.</b>
---	---	--	-------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chd Cardiovascular Disease</b>		
	ANTECEDENT CAUSES Morbid 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	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) <b>4221</b>
--	--	--

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Mar 5, 1956**, to **Mar 11, 1956** that I last saw the deceased alive on **Mar 10, 1956** and that death occurred at **11:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. H. Evermann</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Warrenton Mo</b>	23c. DATE SIGNED <b>3.11.56</b>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-15-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Wellston, St Louis co Mo.</b>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <b>3/12/56</b>	REGISTRAR'S SIGNATURE <b>F. E. Sudmann</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Otto H. O. Washington</b>	ADDRESS <b>Mo.</b>
---	--	---	--------------------

(Licensed Embalmer's Statement on Reverse Side)

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

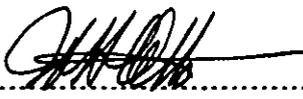
79-1

1956 JUN 12 1956

**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.....  


Licensed Embalmer No. 2464  
P. O. Address Washington

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.