

THE DIVISION OF HEALTH OF MISSOURI
 FILED APR 12 1956 STANDARD CERTIFICATE OF DEATH

11597

State File No.

318

1003

3215

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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 township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>5 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood 4651</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1354 N. Berry Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>CONRAD</u>		c. (Last) <u>WEIGLE</u>		4. DATE OF DEATH <u>March 28, 1956</u> (Month) (Day) (Year)	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-15-1879</u>		9. AGE (In years last birthday) <u>77</u>	if UNDER 1 YEAR Months <u>0</u> Days <u>13</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor, Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Meat</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frederick Weigle</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Rafus</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Powell Weigle</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>488-05-7290</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Weigle, above</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ^(a) <u>Uremia</u>					?
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis, chronic</u> DUE TO (c) <u>Myocardial insufficiency</u>					?
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>					?
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Diabetes mellitus</u>				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) <u>3-27-56</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>3-28-56</u>			
22. I hereby certify that I attended the deceased from <u>3:20</u> to <u>3:20</u> , that I last saw the deceased alive on <u>3-27-56</u> and that death occurred at <u>5:15</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Lee Shrader</u>				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>3/29/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-30-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>MAR 30 1956</u>		REGISTRAR'S SIGNATURE <u>Paul Smith Mo</u>			25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH, Maplewood, Mo.</u>		

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
Student Embalmer

Signed

J. C. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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 this body is not embalmed, fact should be so stated above.