

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14971

FILED APR 26 1956

State File No. _____
Registrar's No. **3486**

1003

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 3486			
1. PLACE OF DEATH a. CITY St. Louis				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) 16 yrs		c. CITY OR TOWN St. Louis		d. In 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 5785 McPherson				e. STREET ADDRESS (If rural, give location) 5 5785 McPherson 20570							
3. NAME OF DECEASED (Type or Print) THEODORE WEIL			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH APRIL 7, 1956			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.			8. DATE OF BIRTH Sept. 20, 1882			9. AGE (In years last birthday) Months Days 73		
5. SEX MALE			6. COLOR OR RACE WHITE			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager			10b. KIND OF BUSINESS OR INDUSTRY Parking lot		
11. BIRTHPLACE (City and State or Foreign Country) Germany			12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Marum Weil			13b. MOTHER'S MAIDEN NAME Unk		
14. NAME OF HUSBAND OR WIFE Anne			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) No			16. SOCIAL SECURITY NO. 490-22-3762			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anne Weil 5785 McPherson		
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. Nov. 1955				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia Cachexia ANTECEDENT CAUSES Carcinoma of descending colon Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of descending colon DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nov. 1955						INTERVAL BETWEEN ONSET AND DEATH 7 mos ?	
19a. DATE OF OPERATION Nov 1953			19b. MAJOR FINDINGS OF OPERATION Inoperable tumor of colon Inoperable tumor of colon 153 x						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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4-7-56							
22. I hereby certify that I attended the deceased from October 1955 to April 7, 1956 , that I last saw the deceased alive on April 7, 1956 , and that death occurred, at 8:00 a.m. , from the causes and on the date stated above. 4-7-56											
23a. SIGNATURE (Degree or title) G. E. Gruenfeld G. E. Gruenfeld M.D.				23b. ADDRESS 4500 Olive				23c. DATE SIGNED April 7, 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) EMOVAL		24b. DATE 4/8/56		24c. NAME OF CEMETERY OR CREMATORY New Mount Zion's Cem.		24d. LOCATION (City, town, or county) (State) UNIV. CITY, MO.					
DATE REC'D BY LOCAL REG. APR 9 1956		REGISTRAR'S SIGNATURE J. Cash Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BERGER MEMORIAL 4715 McPHERSON						

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 *Edward J. Dineen*.....

Licensed Embalmer No. 3988 ~~XXXX~~

P. O. Address.....

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.