

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

State File No. **6740**

1003

Registrar's No. **1114**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		a. STATE MO	b. COUNTY
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS. HOSP		d. STREET ADDRESS (If rural, give location) 2239 2226^a GRAVOIS	
3. NAME OF DECEASED a. (First) ROYAL		4. DATE OF DEATH (Month) (Day) (Year) 2-1-57	
b. (Middle) WEIMER		c. (Last)	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED , DIVORCED (Specify)	8. DATE OF BIRTH 10-31-1897
9. AGE (In years last birthday) 59		10. MONTHS 3	11. DAYS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		10b. KIND OF BUSINESS OR INDUSTRY RETAIL STORE	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN WEIMER	
13b. MOTHER'S MAIDEN NAME MARKS SIMINO		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 490-05-0373	
17. INFORMANT'S SIGNATURE OR NAME NRS Harold Shy		ADDRESS 4969 GIBSON	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LYMPHO SARCOMA	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 MO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 200-1			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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 12-10 , 19 56 , to 2-1 , 19 57 , that I last saw the deceased alive on 2-1 , 19 57 , and that death occurred at 9:30 P m., from the causes and on the date stated above.			
23a. SIGNATURE B. J. Mc Linnis M.D.		23b. ADDRESS 16 HAMPTON VILLAGE	
23c. DATE SIGNED 2-2-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED	24b. DATE 2-5-57	24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL CEM	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY
DATE REC'D BY LOCAL REG. FEB 4 57	REGISTRAR'S SIGNATURE Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Swan	
		ADDRESS 15195 Grand	

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 Elton R.H. Remelius

Licensed Embalmer No. 1283

P. O. Address St Louis Mo

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.