

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34295**
8138

FILED SEP 17 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 8138	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY _____			
b. CITY OR TOWN ST. LOUIS Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL				e. STREET ADDRESS (If rural, give location) 2147 H 956 POTOMAC			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE b. (Middle) WEINBERGER c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) AUG. 28 1957				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 4 1886	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) GZECHO SLOVAKIA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FRANK STRAKA		13b. MOTHER'S MAIDEN NAME EMMA TABOR VON LECHENFELD		14. NAME OF HUSBAND OR WIFE RUDOLPH WEINBERGER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NUMBER (If yes, give war or dates of service) 490-20-6697		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RUDOLPH WEINBERGER 4956 POTOMAC			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vascular DUE TO (c) 443x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Atrophy				INTERVAL BETWEEN ONSET AND DEATH 2 days 3 years	
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) no		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 3-23-1955 to 8-28-1957 , that I last saw the deceased alive on 8-27-1957 , and that death occurred at 8:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. Anshelings (Degree or title) _____				23b. ADDRESS 5203 clipper		23c. DATE SIGNED 8-30-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT		24b. DATE AUG 31 1957		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE MAUSOLEUM		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.	
DATE REC'D BY LOCAL REG. AUG 30 57		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Lutes 2906 Gravois			

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

7/15/62

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 *Samuel Dill* Licensed Embalmer No. 4347

P. O. Address 2906
.....

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.