Health & Welfare Public Service

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FILED OCT 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38802
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2504

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Normandy Hosp. — Length of stay in 1b DOA
43

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Miss ouri b. COUNTY
c. CITY OR TOWN St. Louis 2149 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS 3431 Mackline (If outside, give location) — Reside on Farm Yes ☐ No X
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3. NAME OF DECEASED (Type or print) First: Emma Middle: A. Last: Wiss
4. DATE OF DEATH Month Oct. Day 8th Year 1957
5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐ 2
8. DATE OF BIRTH June 30th 1889
9. AGE (In years last birthday) 68
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress
10b. KIND OF BUSINESS OR INDUSTRY Upholstry
11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Peter Wegman
14. MOTHER'S MAIDEN NAME Emma D. Weidner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 488-03-2426
17. INFORMANT Mrs. Norman G. Everding Address Above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — 5 yrs
DUE TO (c) Arteriosclerosis 331X — 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-4-52 to 10-8-57 and last saw her him alive on 10-1-57
Death occurred at 5 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. W. Knapp (Degree or title) D.O. 2
22b. ADDRESS 4991 Thrush ave
22c. DATE SIGNED 10/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-11-57
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
23d. LOCATION (City, town, or county) St. Louis Co. Mo. (State)

24. FUNERAL DIRECTOR ADDRESS JAY B. SMITH, Maplewood, Missouri
25. DATE RECD. BY LOCAL REG. 10-10-57
26. REGISTRAR'S SIGNATURE Herbert R. Donke MD

(Licensed Embalmer's Statement on Reverse Side)

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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Allen Davis Jr.

Licensed Embalmer No. 495

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.