

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

43119

State File No. \_\_\_\_\_

FILED DEC 9 - 1957

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2853</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>Crestwood</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Crestwood</u>		d. Is 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 <u>920 Briarton Drive</u>				e. STREET ADDRESS (If rural, give location) <u>920 Briarton Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u>			b. (Middle) _____		c. (Last) <u>Weiler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17, 1957</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>March 31, 1910</u>		9. AGE (In years last birthday) <u>47</u> if under 1 year: Months <u>7</u> Days <u>16</u> if under 12 mos. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Emp. Manager, White Rodger Elec. Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John J. Weiler</u>			13b. MOTHER'S MAIDEN NAME <u>Edna Woods</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-28-6392</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. S. H. Johnson, 920 Briarton Drive.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION <u>Crestwood</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>	
<p>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis, Breast</u>				3 mo	
		ANTECEDENT CAUSES				5 1/2 yrs.	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Skirheus Carcinoma of Breast</u> DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> 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) _____		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 <u>1954</u> , 19 <u>54</u> , to <u>Nov</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Nov 16</u> , 19 <u>57</u> , and that death occurred at <u>2:05 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. J. Donnelly M.D.</u>				23b. ADDRESS <u>5203 Chippewa</u>		23c. DATE SIGNED <u>11-18-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 19, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-18-57</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donnelly</u>		GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. J. Donnelly, 3840 Lindell Blvd.</u>			

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

Faint, mostly illegible text at the top of the page, possibly containing identification or administrative information.

Handwritten text on the right margin, including the number "1-3" and a signature.

**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 *Francis Williamson*

Licensed Embalmer No. *3565*

P. O. Address *3840 Lude*

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.