

FILED MAY 8 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016595

STATE FILE NUMBER

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

4371

300  
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		
c. b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. Louis - Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>02 ALEXIAN-BROS.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>1019 6622 Michigan</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARLES - WEIBLEN.</b>			4. DATE OF DEATH Month Day Year <b>4 19 58</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3/6/1880</b>		9. AGE (In years last birthday) <b>78</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cement Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>	11. BIRTHPLACE (City and state or country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Jacob</b>		13b. MOTHER'S MAIDEN NAME <b>Regina Geisel</b>		14. NAME OF HUSBAND OR WIFE <b>Isabell (deceased)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Kenneth Smith 3659A Nebraska</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <b>Coronary arteriosclerosis</b>					<b>44.</b>
DUE TO (c) <b>Atherosclerosis, general</b>					<b>46.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Acute suppurative Respiratory Infection</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>March 1958</b> to <b>April 1958</b> and last saw him alive on <b>4-19-58</b> Death occurred at <b>9:30 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Jed J. Underly M.D.</b>			22b. ADDRESS <b>5203 Chipmunk</b>		22c. DATE SIGNED <b>4-21-58</b>
23a. BURIAL OR CREMATION (Specify) <b>BURIAL</b>		23b. DATE <b>APRIL-23-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. MATTHEWS.</b>		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS - MO</b>
24. FUNERAL DIRECTOR <b>SCHUMACHER - 3013 MERAMEC</b>		25. DATE RECD. BY LOCAL REG. <b>APR 22 '58</b>		26. REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b> <b>MJB.</b>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JOHN J. JAMES  
5203 CHIPPEN  
No. 1 to 3 20  
817  
St. Louis 2-0632

x  
28 19 4

USA	Virginia	self	Cement Worker
(deceased) Isabella	Regina Geisel	Jacob	
Kenneth Smith 3529A Nebraska	none	no	

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 *Jack Haept* .....

Licensed Embalmer No. *4746* .....

P. O. Address *St. Louis* .....

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.