

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042407

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 11005

300
1-57

| | | | |
|---|------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN R. R. 5500 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp. | | Length of stay in lb 4 Da. | d. STREET ADDRESS (If outside, give location) near Kimmswick, Mo. |
| 3. NAME OF DECEASED (Type or print) First Middle Last Margaret Ellen Weigel | | | 4. DATE OF DEATH Month Day Year Nov. 14, 1958 |
| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 29, 1881 |
| 9. AGE (In years last birthday) 77 | | 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) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME Bartholomew Carr | |
| 13b. MOTHER'S MAIDEN NAME Sarah McCormack | | 14. NAME OF HUSBAND OR WIFE James Weigel (Deceased) | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. 494-24-6242 | |
| 17. INFORMANT Mrs. J. M. Max | | Address 70 Norte Dame Dr. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary thrombosis diabetic gangrene of the rt. leg. amputation previous day. diabetis Mellitus 260X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH 10 min. 6 wks. 15 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 <input checked="" type="checkbox"/> NO <input 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 WORK <input type="checkbox"/> 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 1954 to death and last saw her alive on 14 Nov. 58 Death occurred at 11:30 am. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE John G. Kelett M.D. | | 22b. ADDRESS 2314 Telegraph Rd. | |
| 22c. DATE SIGNED 15 Nov. | | | |
| 23a. BURIAL, CREMATION REMOVAL (Specify) Removal | | 23b. DATE Nov. 17, 58 | |
| 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo | |
| 24. FUNERAL DIRECTOR Heiligtag-Imperial, Mo. | | 25. DATE RECD. BY LOCAL REG. NOV 17 '58 | |
| 26. REGISTRAR'S SIGNATURE mjb. | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Elmer A. Heligtag*

Licensed Embalmer No. *3571*

P. O. Address *Imperial M*

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.