

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042411

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registered 10979

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4617 Tower Grove Pl.		d. STREET ADDRESS (If outside, give location) 4617 Tower Grove Pl.	

3. NAME OF DECEASED (Type or print) First MARY Middle WEIS Last			4. DATE OF DEATH Month Nov. Day 14 Year 1958		
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5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 2, 1872	9. AGE (In years last birthday) 86	10. FUNDERS YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John G. Weis	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Evley	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, state unknown) (If yes, give dates of service) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT Ellen Sappington	Address 4617 Tower Grove Pl.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Causes of breast</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>
CONDITIONS CONTRIBUTING TO DEATH (b) <i>170XF</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fracture femur</i>		

20a. ACCIDENT <input checked="" 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.) <i>Fell out of bed 10-23-58</i>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. 10-23-58 p.m. 10 a.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>12 house</i>	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY Mo	STATE
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21. I attended the deceased from <i>July 19 56</i> to <i>Nov 1958</i> and last saw her alive on <i>11-12-58</i> Death occurred at <i>5:00 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>St. J. Heller M.P.</i>	22b. ADDRESS <i>2739 N. Grand</i>	22c. DATE SIGNED <i>11-17-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 17, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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24. FUNERAL DIRECTOR Kriegshauser	ADDRESS 4228 S. Kingshighway	25. DATE RECD. BY LOCAL REG. NOV 14 '58	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>
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1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

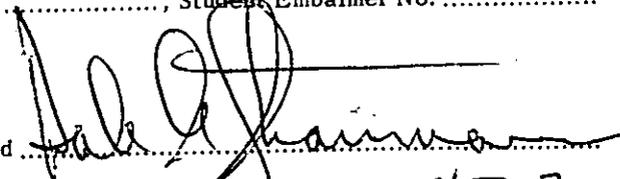
MEDICAL CERTIFICATION

(H.T.)

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  .....,  
Licensed Embalmer No. 4533

P. O. Address .....

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.