

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042591

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3026

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-57

1. PLACE OF DEATH a. COUNTY <b>St. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Mo.</b> b. COUNTY <b>St. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLAYTON</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>4000</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>COUNTY HOSPITAL DOA</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>9557 LODGE POLE</b> Reside on Farm <b>LANE</b> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ROLAND</b> Middle <b>WEINHEIMER</b> Last <b>WEINHEIMER</b>			4. DATE OF DEATH Month <b>Nov</b> Day <b>19</b> Year <b>1958</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov 12, 1892</b>	9. AGE (In years (1st birthday)) <b>66</b>	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) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>POST OFFICE</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>LEONHARD WEINHEIMER</b>		13b. MOTHER'S MAIDEN NAME <b>KATHERINE KREH</b>		14. NAME OF HUSBAND OR WIFE <b>STELLA</b>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give No. or dates of service) <b>YES WW-I</b>	16. SOCIAL SECURITY NO. <b>494-38-9732</b>	17. INFORMANT <b>STELLA WEINHEIMER</b> Address <b>9557 LODGE POLE</b>
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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) <b>Coronary Occlusion</b> <b>Arteriosclerotic heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>4/200</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>1 year.</b>
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 _____
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21. I attended the deceased from <b>12-6-57</b> to <b>11-18-58</b> and last saw <sup>her</sup> alive on <b>11-18-58</b> Death occurred at <b>3:00 a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD.</b>	22b. ADDRESS <b>3606 Gravois</b>	22c. DATE SIGNED <b>11-20-58</b>

23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <b>11/21/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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24. FUNERAL DIRECTOR <b>J L ZIEGENHEIN &amp; SONS 7027 Gravois</b>	25. DATE RECD. BY LOCAL REG. <b>11-20-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. [Signature]</b>
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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 *G. P. Kidwell* .....

Licensed Embalmer No. *3877* .....

P. O. Address *727 Travis* .....

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.