

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003625
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 88

300
1-57
38
031
3

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|---|----------------------------------|---|--|
| 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 | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital | | Length of stay in lb DOA | d. STREET ADDRESS (If outside, give location) 2037 6979 Plainview Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOHN E. WEIGLE | | | 4. DATE OF DEATH Month Day Year Jan. 3 1959 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 25, 1900 |
| 9a. AGE (In years last birthday) 58 | | 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) Salesman-Hanneke | | 10b. KIND OF BUSINESS OR INDUSTRY Hardware Co. | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Ernst Weigle | |
| 13b. MOTHER'S MAIDEN NAME Kate Koch | | 14. NAME OF HUSBAND OR WIFE Hazel T. Weigle | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give name or dates of service) No None | | 16. SOCIAL SECURITY NO. 489-09-7523 | |
| 17. INFORMANT Hazel T. Weigle | | Address 6979 Plainview | |
| 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>Coronary Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Arteriosclerotic C. V. Disease</i> DUE TO (c) <i>420.1</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i> <i>10 yrs</i> |
| 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 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 <i>9/11/52</i> to <i>12/29/58</i> and last saw him alive on <i>8/6/58</i> - <i>12-29-58</i> Death occurred at <i>8:00 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Beck H. Klein</i> (Degree or title) 0 | | 22b. ADDRESS <i>2632 S. Kings Highway</i> | 22c. DATE SIGNED <i>1/5/59</i> |
| 23a. BURIAL CREMATION, REMOVAL (Specify) <i>Removal</i> | 23b. DATE <i>Jan. 6, 1959</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i> | 23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i> |
| 24. FUNERAL DIRECTOR <i>Kriegshauser</i> 4228 S. Kings Highway | | 25. DATE RECD. BY REG. <i>JAN 5 59</i> | 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith</i> |

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 *William E White*

Licensed Embalmer No. *4291*

P. O. Address *4228 K. ...*

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.