RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 6 1959

59–032976

STATE FILE NUMBER

Registration District No. 781 Primary Registration District No. 4293 Registrar's No. 35

DED

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elsberry — Length of stay in 1b: 3 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LaDelle Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3933a N. 19th St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: EMMA Middle: FREDRICK Last: WEIGERS

4. DATE OF DEATH Month: SEPT. Day: 20 Year: 1959

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/4/1886
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): St. Charles
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: August Bloemer
13b. MOTHER'S MAIDEN NAME: Sophia Bueneman
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Lydia Schrumpe Address: 3933a N. 19th - St. Louis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 29, 1959, to Sept. 20, 1959 I last saw him/her alive on Sept 20, 1959
Death occurred at 2:02 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert M. Hull (Degree or title) MD
22b. ADDRESS Elsberry Mo.
22c. DATE SIGNED 9-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/24/59
23c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR: Suedemeyer & Sons ADDRESS: 3934 N. 20th- St. Louis
25. DATE REC'D. BY LOCAL REG.: 9/24/1959
26. REGISTRAR'S SIGNATURE: Mrs. Clarence Kientzy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS OCT 7 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert M Murr

Signature of Student Embalmer

Licensed Embalmer No. 3749

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.