

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16800**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4278**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3632 Hartford St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO. (b) County \_\_\_\_\_

(c) City or town 3632 St. Louis St. 16  
(If outside city or town limits, write "RURAL")

(d) Street No. 3632 Hartford St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Edward Weissenborn 251

**8. (b) If veteran,** name war None

**3. (c) Social Security No.** NONE

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 11th  
year 1940 hour 1:30 minute P.M. M.

**4. Sex** Male

**5. Color or race** White

**6. (a) Single, widowed, married, divorced** Widower

**6. (b) Name of husband or wife** late Carrie Weissenborn

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** Sept. 20th 1872  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
March 22, 1940 to May 11, 1940  
that I last saw him alive on May 11, 1940  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>67</u>	<u>7</u>	<u>21</u>	hr. _____ min.

**Immediate cause of death**  
Chronic myocarditis  
Acute coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

**Duration**

1 yr.

5 minutes

**9. Birthplace** Belleville Illinois  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Officer of Insurance Co.

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**

\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

**12. Name** Sebastian Weissenborn

**13. Birthplace** Illinois  
(City, town, or county) (State or foreign country)

**14. Maiden name** Rosalie

**15. Birthplace** Illinois  
(City, town, or county) (State or foreign country)

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

**16. (a) Informant** Arthur E. Weissenborn

**(b) Address** 3632 Hartford St.

**17. (a) Burial** **(b) Date thereof** 5-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Valhalla Cemetery

**23. While at work?** \_\_\_\_\_  
(Specify type of place) (a) Means of injury

**23. Signature** Wend Becke (M.D. or other)

**Address** 3720 Washington **Date signed** 5-13-40

**18. (a) Signature of funeral director** Kriegshauser Mortuary  
4228 So. Kingshighway

**(b) MAY 14 1940**

**19. (a) (Date received local registrar)** \_\_\_\_\_ **(b) (Registrar's signature)** \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Wm. G. Becke  
Beaumont Bldg. 11-1:30

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**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Edwin M. Dermatt*

.....  
Licensed Embalmer No. ....

*3026*

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 this body is not embalmed, above space should be left blank.