V. S. No. 2
0M—1/47
ev. 5-17-39

WRITE PLAINLY—USING INFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

Registration District No. 3148

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Primary Registration District No.

State File No. 22749

Registrar's No. 5751

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4920aMcPherson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cary Nelson Weisiger
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Betty Humphries Weisiger
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 2, 1856 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	7	8	hr. min.

9. Birthplace Fairfax County, Virginia (City, town, or county) (State or foreign country)
10. Usual occupation retired
11. Industry or business
MOTHER FATHER
12. Name William Boling Weisiger
13. Birthplace Boling Hall, Virginia (City, town, or county) (State or foreign country)
14. Maiden name Sallie Nellie Anderson
15. Birthplace Richmond, Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Joseph H. McNaugher
(b) Address 4920a McPherson
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ivy Depot, Virginia
18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar
19. (a) JUN 11 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1947 hour 6:30 minute p.m.

21. I hereby certify that I attended the deceased from February 12, 1946 to June 10, 1947 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Edema	3 hours
Due to Cardiac Decompensation	5 days
Due to Myocardial Damage	2 years
Generalized Arteriosclerosis	
Other conditions Terminal Bronchopneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy ① Pulmonary Edema ② Bronchopneumonia ③ Cardiac Hypertrophy ④ Arteriosclerosis

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. M. Shilling Jr. (M. D. or other) M.D.
Address 4500 Olive Street Date signed 6-11-47
D.M. Shilling Jr.

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. David M. Skilling
4500 Olive St.
FO 3800 2-4 except Wed.
Res. 610 So. Berry Road
RE 3679

Wife Case
Bames Ch. Pen
2nd Fl. Ch. Pen
12 noon

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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, fact should be so stated above.