

STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1949

State File No. 5411

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3414 Dunnica St.		d. STREET ADDRESS (If rural, give location) 3414 Dunnica St.	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) John c. (Last) Weilbacher			4. DATE OF DEATH (Month) (Day) (Year) June 21 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Jan. 16 1878
9. AGE (In years last birthday) 71		10. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Weilbacher		13b. MOTHER'S MAIDEN NAME Mary Mueller	
14. NAME OF HUSBAND OR WIFE Emma Weilbacher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-34-2975	
17. INFORMANT'S SIGNATURE OR NAME Viola Steinkamp		ADDRESS 3414 Dunnica	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Reperfusion Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio sclerosis DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Hit by car			
22. I hereby certify that I attended the deceased from May 1, 1949 to June 21, 1949 , that I last saw the deceased alive on June 21, 1949 and that death occurred at 4:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE B. M. Jones		23b. ADDRESS 16 Acception Plaza	
23c. DATE SIGNED 6/22/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-24-49	
24c. NAME OF CEMETERY OR CREMATORY Sunset Bur. Pk.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. JUN 23 1949		REGISTRAR'S SIGNATURE J. B. Lassiter	
FUNERAL DIRECTOR'S SIGNATURE Will Bro. & Co.		ADDRESS 2929 S. Jeffers	

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

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
Student Embalmer

Signed Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson Av

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.