

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25564

FILED-AUG 28 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2070 Registrar's No. 1743

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give town) Webster Groves, Mo.,		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves, Missouri.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) #328 Clark Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res: 328 Clark Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) ALVIN.	b. (Middle) B.	c. (Last) WEIMER.	4. DATE OF DEATH (Month) (Day) (Year) July 23, 1949.
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5. SEX Male. D	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single. U	8. DATE OF BIRTH May 13, 1895.	9. AGE (In years last birthday) 54.	10. UNDER 1 YEAR Months 2.	11. UNDER 2 HRS. Days 10.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman.. Metropolitan Insurance Co.,	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Weimer.	13b. MOTHER'S MAIDEN NAME Bertha Kring.	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) W.W. # 1.	16. SOCIAL SECURITY NO. 488-09-047	17. INFORMANT'S SIGNATURE OR NAME Oscar G. Weimer, 3217 Tamm Ave.,	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, buccal mucosa		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown		
	DUE TO (c) unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			144X
19a. DATE OF OPERATION			

19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **18 May, 1949**, to **23 July, 1949**, that I last saw the deceased alive on **22 July, 1949**, and that death occurred at **6: a. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS 243 W. Jefferson? K. Island	23c. DATE SIGNED 7-23-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) cremation.	24b. DATE 7/26/49.	24c. NAME OF CEMETERY OR CREMATOR Oak Grove Crematory.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.,
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DATE REC'D BY LOCAL REG. 7-25-49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE E. R. Lupton & Sons,	ADDRESS #7233 Delmar Blv'd.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

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, fact should be so stated above.

Not Embalmed