

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6878
State File No. 1682
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		a. STATE Mo. b. COUNTY Jefferson Co.	
c. LENGTH OF STAY (in this place) 3Da.		c. CITY (If outside corporate limits, write RURAL and give township) De Soto	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 104 N. 2nd.	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Fred	b. (Middle)	c. (Last) Weisch	(Month) (Day) (Year) Feb. 20 1950
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 29 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 61
11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Frederick Weisch	13b. MOTHER'S MAIDEN NAME Margaret Wunterlich	14. NAME OF HUSBAND OR WIFE Anna Weisch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Weisch, DeSoto Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage	DUE TO (b) Hypertensive Cardiovascular Disease		72 hrs.
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (c)		?
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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) DeSoto 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

22. I hereby certify that I attended the deceased from **Feb. 17, 1950**, to **Feb. 20, 1950**, that I last saw the deceased alive on **Feb. 19, 1950**, and that death occurred at **6:45a. m.**, from the causes and on the date stated above.

23a. SIGNATURE C. Miller	(Degree or title) M.D.	23b. ADDRESS 634 N. Grand Blvd.	23c. DATE SIGNED 2-21-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/22/50	24c. NAME OF CEMETERY OR CREMATORY St. Peters	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. FEB 21 1950	REGISTRAR'S SIGNATURE J. B. Sabaler	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.
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WRITE PLAINLY—USING UNFADING 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 Warren A. Carver

Licensed Embalmer No. 3534

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.