

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7222

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 578

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural - Lemay
c. LENGTH OF STAY (In this place) 7-WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. St. Rose Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) Maplewood
d. STREET ADDRESS (If rural, give location) 7472 Hazrl Ave.

3. NAME OF DECEASED
a. (First) FANNIE
b. (Middle) _____
c. (Last) WEESNER
4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1950

5. SEX F. 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M. 8. DATE OF BIRTH Jan. 10, 1888 9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months 1 Days 2 IF UNDER 4 WKS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charles Maguire 13b. MOTHER'S MAIDEN NAME Mary Ann Slattery 14. NAME OF HUSBAND OR WIFE Mr. Eugene Weesner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mr. Eugene Weesner ADDRESS 7472 H azel Ave.

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Filerosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unresolved pneumonia 5 years
DUE TO (c) Pulmonary tuberculosis 1 year
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Tertiary Syphilis albuminum

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Dec. 12, 1949, 8:30 P.M. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Dec 12, 1949, to Feb 12, 1950, that I last saw the deceased alive on Feb 12, 1950, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE James J. Baird, M.D. (Degree or title) 23b. ADDRESS 9101 S Broadway 23c. DATE SIGNED 2/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 15, 1950 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 13 1950 REGISTRAR'S SIGNATURE _____ 25. FEDERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly ADDRESS 3840 Lindell Blvd.

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 _____

W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.