

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22122

BIRTH NO. 22149-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5145

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2249	
c. LENGTH OF STAY (in this place) 1 day		d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital	
d. STREET ADDRESS 2842a Ohio Ave.		e. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital	

3. NAME OF DECEASED (Type or Print) a. (First) Patricia Ann b. (Middle) Weidner c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 11, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 10, 1950
9. AGE (In years last birthday) 1		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Vernon R. Weidner		13b. MOTHER'S MAIDEN NAME Elizabeth M. Beckett		14. NAME OF HUSBAND OR WIFE None	
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. ---		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS Vernon R. Weidner 2842a Ohio Ave.	

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) Prematurity		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) anoxia; rt. sided heart failure	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) anoxia; rt. sided heart failure	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 776X	

22. I hereby certify that I attended the deceased from 10 June, 1950, to 11 June, 1950, that I last saw the deceased alive on 11 June, 1950, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. Wotawa / W. Wotawa, M.D.		23b. ADDRESS 3804 W. Wotawa		23c. DATE SIGNED 12 June 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 12, 1950		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	
24d. LOCATION (City, town, or county) St. Louis, Missouri		24e. LOCATION (City, town, or county) St. Louis, Missouri		24f. LOCATION (City, town, or county) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. JUN 12 1950		REGISTRAR'S SIGNATURE J. B. Fasaton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St	
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(Licensed Embalmer's Statement on Reverse Side)

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 me

working under my personal supervision.

Student Embalmer No.

Signed

Joe S. Benz
Licensed Embalmer No. 4249

Signed.....
Student Embalmer

P. O. Address 2842 Meramec St.
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.