

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28782
7411
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3514 Hebert St.		e. STREET ADDRESS (If rural, give location) St. Louis 3514 Hebert			
3. NAME OF DECEASED (Type or Print) a. (First) Herman		b. (Middle) L		c. (Last) Weiterer	
4. DATE OF DEATH		5. DATE OF BIRTH			
(Month) (Day) (Year) Aug. 29, 1950		(Month) (Day) (Year) Sept. 3, 1868			
6. SEX Male	7. COLOR OR RACE White	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 6 Wks.
			81	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Physician		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Herman Weiterer			
		13b. MOTHER'S MAIDEN NAME Augusta Wolfe		14. NAME OF HUSBAND OR WIFE Minnie Weiterer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
No		No		Minnie Weiterer 3514 Hebert St.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			
		INTERVAL BETWEEN ONSET AND DEATH			
		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertention			
		DUE TO (c) Fractured hip two months ago			
		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.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) about 6/29/50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Saial Home 890 39	
22. I hereby certify that I attended the deceased from ay 15, 1946 , to August 29, 1950 , that I last saw the deceased alive on August 29, 1950 , and that death occurred at 10:20A , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John S. Young M.D.		23b. ADDRESS 1126 St. Louis Ave		23c. DATE SIGNED 8-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/1/50		24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL AUG 30 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paschedag-Henke 2825 N. Grand	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE-A-PERMANENT-RECORD

143B

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

John M. Burdick

Signed.....
Student Embalmer

Licensed Embalmer No..... 3633

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.

January 8, 1951

advis

28782
S.D

Bureau of Vital Statistics
Jefferson City
Missouri

To Whom It May Concern:

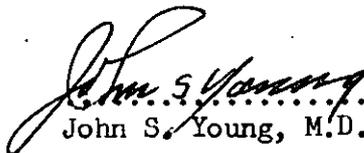
In re: Weiterer, Herman, Sr.

This letter is to serve as testimonial that
Dr. Herman Weiterer of 3514 Hebert Avenue, St. Louis, Missouri,
had been under our professional care from May 30, 1950 to Aug-
ust 29, 1950.

Correction on the death certificate should be
as follows:

- Date of injury should read May 31, 1950.
- Date of death should read August 29, 1950.
- Date of confinement in hospital should be changed
from two months to three months.

Professionally yours,


.....
John S. Young, M.D.