

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39162

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9797

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. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	2159
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 4236 S. 37th St.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Josephine	b. (Middle) F.	c. (Last) Weissler	(Month) November	(Day) 16,	(Year) 1950

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 20, 1890	9. AGE (in years last birthday) 60	10. MONTHS	11. DAYS	12. IF UNDER 18 SEE Hours Mths.
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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, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Otto Tunze		13b. MOTHER'S MAIDEN NAME Rose Schill		14. NAME OF HUSBAND OR WIFE Jake Weissler	
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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 Jake Weissler		ADDRESS 4236 S. 37th St.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Metastatic Melanoma Sarcoma of the Brain</i>			INTERVAL BETWEEN ONSET AND DEATH 2 mo	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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"/>	
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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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 193X	
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22. I hereby certify that I attended the deceased from Oct 26, 1950, to Nov 16, 1950, that I last saw the deceased alive on Nov 16, 1950, and that death occurred at 7:00P m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. Wegmann</i>		(Degree or title)	23b. ADDRESS 4717 Morganford		23c. DATE SIGNED 11/17/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/20/50	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
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DATE RECEIVED BY LOCAL BOARD	REGISTRAR'S SIGNATURE <i>J. B. Lester</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St. St. Louis, 18 Mo.			
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John E. Percy

Signed.....
Student Embalmer

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.
St. Louis, 18 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.