

FILED MAR 19 1951

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State File No. 10774
2128

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ST. LOUIS</u>		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3269 VOERSTER</u>				16 STREET ADDRESS (If rural, give location) <u>3103^{1/2} CHEROKEE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ETHEL</u>		b. (Middle) <u>K.</u>		c. (Last) <u>WEIDNER</u>	
4. DATE OF DEATH		(Month) <u>MAR.</u>		(Day) <u>4</u>		(Year) <u>1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 24 1896</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>	
12. CITIZEN OF WHAT COUNTRY?				13a. FATHER'S NAME <u>FRED LOHMAN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE (DECEASED) <u>CLYDE R. WEIDNER</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>RUSSELL WEIDNER</u>				ADDRESS <u>3103^{1/2} CHEROKEE</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 Months</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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 AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>170X</u>					
22. I hereby certify that I attended the deceased from <u>28 Mar., 1949</u> , to <u>4 Mar., 1951</u> , that I last saw the deceased alive on <u>2 Mar., 1951</u> , and that death occurred at <u>5:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert S. Nye, M.D.</u>				23b. ADDRESS <u>3201 Arsenal St.</u>		23c. DATE SIGNED <u>6 Mar. '51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>MARCH 7-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JEFF. BRKS. MO.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 6 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lantieri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Rutis 2906 Gravois</u>			

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.....

Leaf Budd

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, Mo*

Signed.....

Student Embalmer

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.