

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39894**

FILED DEC 8 - 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10719	
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		12/1/51	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3441 Hartford				d. STREET ADDRESS (If rural, give location) 3441 Hartford Ave			
3. NAME OF DECEASED (Type or Print) Susie Weindel			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Dec. 1st 1951	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov 14, 1860	
9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY at Home			11. BIRTHPLACE (State or foreign country) Summerfield, Ill.	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Con Lohmann		13b. MOTHER'S MAIDEN NAME Katherine Dohlen		14. NAME OF HUSBAND OR WIFE John	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Henry Weindel ADDRESS 3441 Hartford			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Ch. Hypertensive Heart Disease or Ven. Myocardial Regeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Intox. Schism. - gunnled Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years	
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.) _____		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? 4 ft. 3X			
22. I hereby certify that I attended the deceased from 1949 to Dec-2 , 19 51 , that I last saw the deceased alive on Dec-1 , 19 51 , and that death occurred at 3:10 from the causes and on the date stated above.							
23a. SIGNATURE Johna. Newham M.D. (Degree or title) _____				23b. ADDRESS 3251 Sugar St. St. Louis Mo		23c. DATE SIGNED 12-3-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE Dec. 4, 1951		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cremation		24d. LOCATION (City, town, or county) (State) St. Louis County	
DATE RECORDED BY LOCAL REG. DEC 3 1951		REGISTRAR'S SIGNATURE Paul Smith Weick		25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros. ADDRESS 2201 S. Grand 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: *V. C. Morris*

Licensed Embalmer No. *3360*

P. O. Address *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.