

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43427
Registrar's No. 11507

318

1003

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 <i>Mo.</i> b. COUNTY <i>2021</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis Mo</i>			c. LENGTH OF STAY (in this place) <i>Dec. 17</i>			2. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Pacific Hosp. Assn</i>				d. STREET ADDRESS (If rural, give location) <i>5608 Rhodes Av.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Anthony</i>		b. (Middle) <i>George</i>		c. (Last) <i>Weick</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 26, 1951</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>June 10, 1892</i>	9. AGE (In years last birthday) <i>59</i>	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) <i>Engineer A.M.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Rail road</i>		11. BIRTHPLACE (State or foreign country) <i>St. Louis, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Lenhardt Weick</i>			13b. MOTHER'S MAIDEN NAME <i>Elizabeth</i>		14. NAME OF HUSBAND OR WIFE <i>Louise B.</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>---</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Louise B. Weick-5608 Rhodes</i>			
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) <i>Old adenocarcinoma of sigmoid</i>					
		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. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>colon with</i> DUE TO (c) <i>generalized metastasis</i>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <i>July 1951</i>		19b. MAJOR FINDINGS OF OPERATION <i>Adenocarcinoma of sigmoid colon with metastasis to regional nodes and liver. Sequential resection</i>				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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>153X</i>			
22. I hereby certify that I attended the deceased from <i>December 17, 1951</i> , to <i>December 26, 1951</i> , that I last saw the deceased alive on <i>December 25, 1951</i> , and that death occurred at <i>10 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Paul Smith M.D.</i>				23b. ADDRESS <i>205 Prairie Hwy</i>		23c. DATE SIGNED <i>12-26-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12/31/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Matthew Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>DEC 27 1951</i>		REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wacker-Helderte</i>		ADDRESS <i>3634 Gravois</i>	

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

Robert Wheeler

Licensed Embalmer No.

2178

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.