

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6852

FILED FEB 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0901**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Fenton</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>Summit Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b> b. (Middle) <b>AUGUST</b> c. (Last) <b>WEISERT</b>			4. DATE OF DEATH (Month) <b>1</b> (Day) <b>28</b> (Year) <b>52</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 15, 1889</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR: Months <b>7</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>tobacco manufacturer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Weisert Tobacco Co</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Weisert</b>	13b. MOTHER'S MAIDEN NAME <b>Mathilda Gebbard</b>	14. NAME OF HUSBAND OR WIFE <b>Jessie M. Weisert</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>49-3-05-4687</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jessie M. Weisert-Fenton, Missouri</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchogenic Carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH
	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 Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>1/26/52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Confirmed above diagnosis</b>	20. AUTOPSY? YES <input checked="" 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? <b>162-X</b>

22. I hereby certify that I attended the deceased from **12/21**, 195**1**, to **1/28**, 195**2**, that I last saw the deceased alive on **1/28**, 195**2**, and that death occurred at **2 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James L. Mudd M.D.</b>	23b. ADDRESS <b>634 N Brand Blvd</b>	23c. DATE SIGNED <b>1/29/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>	24b. DATE <b>1-30-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>
24d. LOCATION (City, town, or county) <b>St. Louis County, Missouri</b>		(State)

DATE REC'D BY LOCAL REG. <b>JAN 29 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons</b>	ADDRESS <b>7233 Delmar Blv'd.,</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

Dr. James L. M udd  
634 N. GRAND  
FR-2020

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.....  
*Arnold W. Schoene*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3864*

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.