

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10738**
Registrar's No. **2696**

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4216 Hereford St.		d. STREET ADDRESS (If rural, give location) 14 4216 Hereford St.	

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) F.	c. (Last) WECKEMEYER	4. DATE OF DEATH (Month) (Day) (Year)	Mar. 20 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 10, 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 2 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wood Pattern Maker	10b. KIND OF BUSINESS OR INDUSTRY Scullin Steel Co.	11. BIRTHPLACE (State or foreign country) St. Charles, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Bernard Weckemeyer	13b. MOTHER'S MAIDEN NAME Catherine Meyer	14. NAME OF HUSBAND OR WIFE Agnes Weckemeyer
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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.	17. INFORMANT'S SIGNATURE OR NAME Marie Weckemeyer	ADDRESS 4216 Hereford St.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		5+ years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		6+ years
DUE TO (c) Neuritis		3-5 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 593 x H
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22. I hereby certify that I attended the deceased from _____, 19____, to **3/20**, 19**52**, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Lewels, M.D. (Degree or title)	23b. ADDRESS 4030 Chouteau	23c. DATE SIGNED 3/2/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 24, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. MAR 21 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl
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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 William B. White

Licensed Embalmer No. 4281

P. O. Address. 2281 King Street

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.