

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

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) St. Louis, Missouri		c. LENGTH OF STAY (In this place) 28 Days	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2019
d. FULL NAME OF HOSPITAL OR INSTITUTION: City Infirmiry Hospital			d. STREET ADDRESS (If rural, give location) 5724 Coronado		

3. NAME OF DECEASED (Type or Print) a. (First) Elsie b. (Middle) _____ c. (Last) Weismueller			4. DATE OF DEATH (Month) (Day) (Year) March 27, 1952.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 19, 1884		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Phil. Wunsch		13b. MOTHER'S MAIDEN NAME Anne Kraft		14. NAME OF HUSBAND OR WIFE Frank Weismueller.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmiry Records, 5800 Arsenal St.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 wks
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis			DUPLICATE TO (b) Generalized Arteriosclerosis			years
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						

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? 332X			

22. I hereby certify that I attended the deceased from **2/28/52**, 19**52**, to **3/27/52**, 19**52**, that I last saw the deceased alive on **March 27, 1952**, and that death occurred at **11:05A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George Esker M.D.		23b. ADDRESS 5600 Arsenal Street		23c. DATE SIGNED 3/27/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 3/29/52		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Heldler 3634 Gravois.			
DATE REC'D BY LOCAL REG. MAR 28 1952		REGISTRAR'S SIGNATURE [Signature]			

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 C. Wheeler.....

Licensed Embalmer No. 2128.....

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.