

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14904

State File No.

3460

APR 25 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

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 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 4373 West Pine St		d. STREET ADDRESS (If rural, give location) 12 5004 Delmar Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Emil b. (Middle) Weiss c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) April 10, 1952	
5. SEX male <input checked="" type="radio"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1880
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stock room clerk	11. BIRTHPLACE (State or foreign country) 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stock room clerk		10b. KIND OF BUSINESS OR INDUSTRY mfg, sports	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Julius Weiss		13b. MOTHER'S MAIDEN NAME Hedwig ?	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 488-10-5418	17. INFORMANT'S SIGNATURE OR NAME Mrs. Herman Ehrenreich
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> 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		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? <u>2ed X</u>			
22. I hereby certify that I attended the deceased from <u>Jan 28, 1952</u> , to <u>April 10, 1952</u> , that I last saw the deceased alive on <u>April 8, 1952</u> , and that death occurred at <u>6 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Herman M. Meyer M.D.</u>		23b. ADDRESS <u>4409 West Pine</u>	
23c. DATE SIGNED <u>4/11/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal <u>4</u>		24b. DATE <u>4/13/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>APR 12</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith md</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wray</u>		ADDRESS <u>4356 Lindell Blvd</u>	

H-27L (Licensed Embalmer's Statement on Reverse Side)

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 *J. W. Dinkley*.....
Licensed Embalmer No. *3657*.....

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.