

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18675**  
Registrar's No. **4109**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4109</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary</b>				STREET ADDRESS (If rural, give location) <b>13 5800 Arsenal St.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>George</b>		b. (Middle)		c. (Last) <b>Weiland (Wieland)</b>	
4. DATE OF DEATH		(Month) <b>April</b>		(Day) <b>19</b>		(Year) <b>1952</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>August 20, 1878</b>	
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Switzerland</b>		12. CITIZEN OF WHAT COUNTRY <b>5</b>	
13a. FATHER'S NAME <b>George Weiland</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Murer</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>City Infirmary Records</b> ADDRESS <b>5800 Arsenal St.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease.</b>					
		ANTECEDENT CAUSES					
		DUE TO (b) <b>Cerebro vascular damage.</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		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>H2O</b>			
22. I hereby certify that I attended the deceased from <b>February 12, 1952</b> , to <b>April 19, 1952</b> , that I last saw the deceased alive on <b>April 19, 1952</b> , and that death occurred at <b>5:30A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Palmyr Duane Bowdich M.D.</b> (Degree or title)				23b. ADDRESS <b>5800 Arsenal St.</b>		23c. DATE SIGNED <b>April 19, 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>MAY 1, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>MAY 1, 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Cowland</b> ADDRESS <b>4104 Manchester</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

NAME OF DECEASED  
RESIDENCE  
DATE OF DEATH  
PLACE OF DEATH  
CAUSE OF DEATH  
MANNER OF DEATH  
AGE AT DEATH  
SEX  
RACE  
RELIGION  
MARRIAGE

**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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.