

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26592

State File No.

FILED JUL 23 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1818</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>			c. LENGTH OF STAY (In this place) <u>10 yrs</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 UNIVERSITY LANE</u>				d. STREET ADDRESS (If rural, give location) <u>7 University Lane</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u>		b. (Middle) _____		c. (Last) <u>WEIL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1952</u>	
5. SEX <u>Male</u> <input type="radio"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>June 14, 1892</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR <u>18</u> Months	IF UNDER 100 Hrs. <u>18</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Executive - Well</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Max Weil</u>			13b. MOTHER'S MAIDEN NAME <u>Eugenia Metzger</u>		14. NAME OF HUSBAND OR WIFE <u>Nadia Weil</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R. Weil-7 University Lane</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES (b) <u>Myocardial Infarction</u> <u>Hypertension</u> DUE TO (c) <u>Hydrothorax - hepatomegaly etc</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>1946</u> <u>1948</u> <u>1952</u> <u>Years -</u> <u>3-4 mo</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>19</u> , 19 <u>26</u> , to <u>July 2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 2</u> , 19 <u>52</u> , and that death occurred at <u>8 a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Llewellyn Sale</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4500 Olive St. Louis</u>		23c. DATE SIGNED <u>7/3/52</u>	
24a. BURIAL, CREMATION, REPLY (Specify) <u>Burial</u>		24b. DATE <u>7/3/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-2-52</u>		REGISTRAR'S SIGNATURE <u>Nesbert R. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. ... 5216 ...</u>			

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

Arthur B. Dubrouillet

Licensed Embalmer No.

3891

P. O. Address

Richmond Heights, 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.