No. 200
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

30169

State File No. .....

FILED AUG 23 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7366

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 2244
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 24 2114 CHEROKEE

**3. NAME OF DECEASED** (Type or Print)
a. (First): EDWARD
b. (Middle):
c. (Last): WEINER

**4. DATE OF DEATH** (Month) (Day) (Year): JULY 29, 1952

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: FEB. 2 1905 ~~1906~~
**9. AGE** (In years last birthday): 47 ~~46~~ — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): ATTENDANT
**10b. KIND OF BUSINESS OR INDUSTRY**: CLARK GAS STATION
**11. BIRTHPLACE** (City and State or Foreign Country): ST. LOUIS MO
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: EDWARD WEINER
**13b. MOTHER'S MAIDEN NAME**: JULIA KLING
**14. NAME OF HUSBAND OR WIFE**: ADELINE WEINER

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): NO NO.
**16. SOCIAL SECURITY NO.**: 499-01-1083
**17. INFORMANT'S SIGNATURE OR NAME**: ADELINE WEINER — ADDRESS: 2114 CHEROKEE

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MYOCARDIAL INFARCTION

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): CORONARY ARTERIOSCLEROSIS
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 4201

22. *I hereby certify that I attended the deceased from* 7-29-52, *19*___, *to* 7-29-52, *19*___, *that I last saw the deceased alive on* 7-29-52, *19*___, *and that death occurred at* 5:30P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): W. A. Tiberg M.D.
**23b. ADDRESS**: 1515 Lafayette Avenue
**23c. DATE SIGNED**: 7-30-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: AUG. 1 1952
**24c. NAME OF CEMETERY OR CREMATORY**: NEW ST. MARCUS
**24d. LOCATION** (City, town, or county) (State): ST. LOUIS MO

**DATE REC'D BY LOCAL REG.**: AUG 1 1952
**REGISTRAR'S SIGNATURE**: J. Earl Smith, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Thomas Kutis — ADDRESS: 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

## 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 Homer C Dill

Licensed Embalmer No. 43470

P. O. Address 2906 Harris

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
City of St. Louis }

State File No. 30169

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. 7366

On this 15th day of August, 1952, before me appears Mrs. Adeline Weiner, who, upon her oath, states that the original record of death for Edward Weiner, died ~~born~~ July 29, 1952 in the State of Missouri, and which was filed at St. Louis, Mo. on Aug. 1-, 1952 should be corrected as follows:

Item No. 8 should read Feb. 2-1905
Instead of Feb. 2-1906

Item No. 9 should read 47 years
Instead of 46 years

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Adeline Weiner Informant
Relationship.

2114 Cherokee, St. Louis, Missouri
Present Address.

Subscribed and sworn to before me this 15th day of August, 1952.

My Commission expires 3-4-53 Ella C. Padbock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
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