

STANDARD CERTIFICATE OF DEATH

20034

State File No.

FILED JUN 10 1953

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

5258

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) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital				d. STREET ADDRESS (If rural, give location) 2179 3667 Cleveland			
3. NAME OF DECEASED (Type or Print)		a. (First) Clara Weidner		b. (Middle)		c. (Last)	
4. DATE (Month) (Day) (Year) OF DEATH May 24, 1953		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH Jan. 18, 1877		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Louis Keener		13b. MOTHER'S MAIDEN NAME Magdalen		14. NAME OF HUSBAND OR WIFE Ered Weidner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen M. Wandas 2034 Eastwood, Chicago, Ill.			
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.				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) Hypertension			
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 443x			
22. I hereby certify that I attended the deceased from 6-26 1953 to 5-24 1953 , that I last saw the deceased alive on 5-24 1953 , and that death occurred at 8:00 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) W. H. Smith M.D.				23b. ADDRESS 2500 Cleveland Ave. St. Louis, Mo.		23c. DATE SIGNED 5-26-53	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE 5-27-53		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard		24d. LOCATION (City, town, or county) (State) St. Louis, County Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 26 1953		REGISTRAR'S SIGNATURE W. H. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BOUTHERN FUNERAL HOME 6322 - G. F. BLVD. ST. LOUIS, MO.			

(Licensed Embalmer's Statement on Reverse Side)

P.A. LOUGAN, M.D.

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

Dr. J. W. Henderlite,
4500 Olive
Fo. 3824
930 to noon

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
Student Embalmer

Student Embalmer No. _____

Signed *Harold Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *6322 So. Lewis*

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.