

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 20036
 4928

318

1003

FILED JUN 1 - 1953

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place)					
d. FULL NAME OF HOSPITAL OR INSTITUTION 2324 Michigan Av.				d. STREET ADDRESS (If rural, give location) 2324 Michigan Av.									
3. NAME OF DECEASED (Type or Print) a. (First) Frederick			b. (Middle) Weiersmueller			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 14 1953				
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 29 1867		9. AGE (In years last birthday) 85		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) Retired Newspaper Carrier				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Highland Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.G			
13a. FATHER'S NAME Rudolph Weiersmueller				13b. MOTHER'S MAIDEN NAME Elizabeth Unknown				14. NAME OF HUSBAND OR WIFE Amelia Weiersmueller					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.				16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amelia Weiersmueller, 2324 Michigan							
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) General 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 3 1/2 weeks many years			
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 332X							
22. I hereby certify that I attended the deceased from 4/22 1953, to 5/14 1953, that I last saw the deceased alive on 5/14 1953, and that death occurred at 5:15 m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or Title) P. J. Moskop, M.D.				23b. ADDRESS 3554 Victor St. (4)				23c. DATE SIGNED 5/15/53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 5-18-53		24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.							
DATE REC'D BY LOCAL REG. MAY 16 1953		REGISTRAR'S SIGNATURE Earl Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witt Bros. & U. Co. 2929 S. Jefferson							

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

STATEMENT BY LICENSED EMBALMER

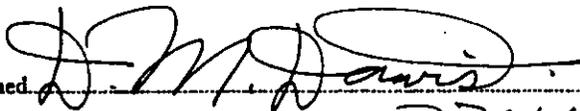
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3741

P. O. Address 2929 Jefferson

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.