

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23232**Registrar's No. **5879**

FILED JUL 2 - 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) Years		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 227a Douglas Street		e. STREET ADDRESS (If rural, give location) 227a Douglas Street		2099			
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Wey c. (Last) Wey		4. DATE OF DEATH (Month) (Day) (Year) June 11, 1953.					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single			
8. DATE OF BIRTH 6-9-1868		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Wey		13b. MOTHER'S MAIDEN NAME Eliza Prigge			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) No		16. SOCIAL SECURITY NO. Unknown			
17. INFORMANT'S SIGNATURE OR NAME Miss. Flora Wey, 227a Douglas Street		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Posterior Myocardial Infarct INTERVAL BETWEEN ONSET AND DEATH 3 weeks ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Cardiac Decompensation OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heat Prostration 24 hrs.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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? 4201 F.		22. I hereby certify that I attended the deceased from May 15, 1953 , to June 11, 1953 , that I last saw the deceased alive on June 11, 1953 , and that death occurred at 10:30 P m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert E. Larkin M.D.		23b. ADDRESS 4356 Warne Ave., (7)		23c. DATE SIGNED 6-12-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-15-1953		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery			
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc.		ADDRESS 2161 E. Fair Ave.			
DATE REC'D BY LOCAL REG. JUN 12 1953		REGISTRAR'S SIGNATURE J. Carl Smith md		26. (Licensed Embalmer's Statement on Reverse Side)			

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4302

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.