

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34470

State File No.

FILED OCT 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>543</u>		Registrar's No. <u>2301</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 township) OR TOWN <u>St. Louis County, Jennings</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings, Missouri</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23, 1953</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7120. Garesche Ave.,</u>				d. STREET ADDRESS (If rural, give location) <u>7120 Garesche Ave.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellie</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Weihe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 4, 1879</u>		9. AGE (In years last birthday) <u>73</u>	10. MONTHS <u>7</u>	11. DAYS <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nepolitan Thompson.</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Burg</u>		14. NAME OF HUSBAND OR WIFE <u>Gustav Weihe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gustav Weihe, 7120 Garesche Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion</u>						<u>1 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u>						<u>1 year</u>
	DUE TO (c) <u>chronic asthma</u>						<u>year</u>
	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)		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>July 27, 1953</u> , to <u>Aug 23, 1953</u> , that I last saw the deceased alive on <u>Aug 23, 1953</u> , and that death occurred at <u>11 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. C. Quinn Sr.</u> (Degree or title)				23b. ADDRESS <u>6683 Pellen St. No 8-8453</u>		23c. DATE SIGNED <u>8-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 26, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-26-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donahue, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leidner Und.Co. 2223 St. Louis Av.</u>			

S (Access Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A

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

John P. Buchholz

Licensed Embalmer No. *261674*

P. O. Address *2223 S. Green Ave*

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.