

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4190

FILED MAR 9 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 66

1. PLACE OF DEATH  
a. COUNTY Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) Fulton  
c. LENGTH OF STAY (in this place) 3yrs, 4m, 15d

c. CITY OR TOWN Florissant  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no. 1

e. STREET ADDRESS (If rural, give location) R # 1 Box 190 4001

3. NAME OF DECEASED  
a. (First) Carl b. (Middle) - c. (Last) Weasche

4. DATE OF DEATH (Month) (Day) (Year)  
March 7 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 2 July 1922

9. AGE (in years last birthday) 31 IF UNDER 1 YEAR Months 6 Days 5 IF UNDER 24 HRS. Hours 5 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Carl Weasche Sr.

13b. MOTHER'S MAIDEN NAME Elric Heumann

14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unk

17. INFORMANT'S SIGNATURE OR NAME State Hospital Records ADDRESS Fulton

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) Asphyxia secondary to  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epilepsy (Grand mal type)  
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 3531

20. AUTOPSY? YES  NO

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1922, 1950, to 7 March, 1954, that I last saw the deceased alive on 7 March, 1954, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A.H. Fowler (La. G.S.W.) M.D.

23b. ADDRESS Fulton, Mo.

23c. DATE SIGNED 7 March 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar. 9 - 1954

24c. NAME OF CEMETERY OR CREMATORY Salem Lutheran Cem.

24d. LOCATION (City, town, or county) (State) Black Jack, Mo.

DATE REC'D BY LOCAL REG. Mar 7 - 1954

REGISTRAR'S SIGNATURE Martha Lawrence 426

25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home, Fulton, Mo. ADDRESS

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

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**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 *Daniel C. Browning*.....

Licensed Embalmer No. *2724*..

P. O. Address *Fulton, Mo.*

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.