

14236

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAY 6 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3793

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		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3734 Michigan Ave.		e. STREET ADDRESS (If rural, give location) 116 3734 Michigan Ave.		21690	
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) E.		c. (Last) Weeman	
4. DATE OF DEATH (Month) (Day) (Year) April 25, 1954		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 24, 1875		9. AGE (In years) (last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent		10b. KIND OF BUSINESS OR INDUSTRY Schultz Fold. Box Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John H. Weeman		13b. MOTHER'S MAIDEN NAME Lisette Kamping	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-09-4109	
17. INFORMANT'S SIGNATURE OR NAME Miss Dorothea Evermann		ADDRESS 3430aKeokuk		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Ca. (primary in Bone)		INTERVAL BETWEEN ONSET AND DEATH 1 yr.		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 153 X	
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?	
22. I hereby certify that I attended the deceased from 1/10, 1954, to 4/25, 1954, that I last saw the deceased alive on 4/25, 1954, and that death occurred at 7:15 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Andrew G. Klein (Degree or title) M.D.		23b. ADDRESS 4632, So Grand		23c. DATE SIGNED 4/26/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Apr. 28, 1954		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		DATE REC'D BY LOCAL REG. APR 27 1954		REGISTRAR'S SIGNATURE Clyde A. Bridger	
25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldner		ADDRESS 3634 Gravois Ave.			

(Licensed Embalmer's Statement on Reverse Side)

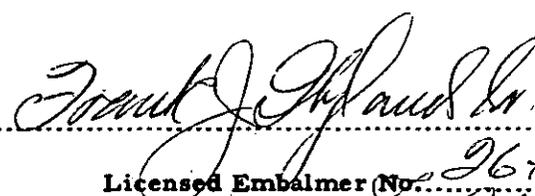
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 267

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.