

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21438

State File No.

PC-
SL-1629

FILED JUN 24 1954

318

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Registrar's No. 5355

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 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place) 1 day		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 6 5844 A ROOSEVELT PL. 20690	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) GEORGE		b. (Middle) F.	
c. (Last) WEIDINGER		JUNE 13, 1954	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 11/3/96	
9. AGE (In years last birthday) 57		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER		10b. KIND OF BUSINESS OR INDUSTRY BAKERY	
11. BIRTHPLACE (City and State or Foreign Country) MADISON, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME PHILLIP J. WEIDINGER		13b. MOTHER'S MAIDEN NAME ELIZABETH SCHMIDT	
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 date of service) YES WW-1		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, ST. LOUIS, MO.		ADDRESS	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
ARTERIOLAR NEPHROSCLEROSIS		UNKNOWN	
ANTECEDENT CAUSES		UNKNOWN	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		UNKNOWN	
DUE TO (b) ESSENTIAL HYPERTENSION		UNKNOWN	
DUE TO (c) CHRONIC PYELONEPHRITIS		UNKNOWN	
II. OTHER SIGNIFICANT CONDITIONS		UNKNOWN	
Conditions contributing to the death but not related to the disease or condition causing death.		UNKNOWN	
POST NECROTIC CIRRHOSIS OF THE LIVER			
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 446.X			
22. I hereby certify that I attended the deceased from 6/12, 1954, to 6/13, 1954, and that death occurred at 4:20 A. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Charles E. Hartman</i> M.D.		23b. ADDRESS VAH, ST. LOUIS, MO.	
23c. DATE SIGNED 6/13/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-16-54	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JUN 15 1954		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i> M.D.	
FUNERAL DIRECTOR'S SIGNATURE <i>J. Carl Smith</i> M.D.		ADDRESS Southern Funeral Home 6322 S. Grand Blvd.	

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 *Francis J. Weyland Sr.*

Licensed Embalmer No. 4572

P. O. Address 6322 S. Dakota

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.