

FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10207**  
**1953**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI:</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SAINT LOUIS:</b>		c. LENGTH OF STAY (in this place) <b>3 YRS.</b>		c. CITY OR TOWN <b>SAINT LOUIS:</b>		d. Is 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 <b>BERNARD NURSING HOME</b>				e. STREET ADDRESS (If rural, give location) <b>19 4385 MARYLAND AVE:</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>GERTRUDE</b> b. (Middle) <b>WEISMANN</b> c. (Last) <b>SMITH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 1, 1955</b>						
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>JUNE 23 1888</b>			
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Days		IF UNDER 1 HR. Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSE WIFE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>KEOKUK, IOWA.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>CHARLES F. WEISMANN</b>			13b. MOTHER'S MAIDEN NAME <b>KATHERINE HIBINGER</b>			14. NAME OF HUSBAND OR WIFE <b>WILLIAM FRANKLIN SMITH</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ROBERT F. SMITH - 564 BEDFORD AVE:</b>				
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) <b>Lobar pneumonia left lung</b>					INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arterio-sclerosis</b>							
		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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>490X</b>					
22. I hereby certify that I attended the deceased from <b>2-24</b> , 19 <b>55</b> , to <b>3-1-</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>3-1-</b> , 19 <b>55</b> , and that death occurred at <b>11 a m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Samuel Weismann</b>				23b. ADDRESS <b>634 N. Grand</b>		23c. DATE SIGNED <b>3-1-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>3-3-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE MAUSOLEUM</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MISSOURI</b>			
DATE RECD BY - LOCAL REG. <b>MAR 1 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. LUPTON &amp; SONS 7233 DELMAR BLV'D.</b>					

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

Dr. S mson Wennerman  
634 N. Grand Blv'd.,  
JE 3-5585

**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..... *Arnold W. Schoene*

Licensed Embalmer No. *3869*

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.