

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20485  
5062  
Registrar's No.

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5062</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>77 yrs</b>		c. CITY OR TOWN <b>St. 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>Firmin Desloge Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>15 4617 Varrelmann Avenue 21570</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MAX</b> b. (Middle) <b>(LOU)</b> c. (Last) <b>A. WEISSFLUG</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 9, 1955</b>				
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Aug. 28, 1878</b>	
9. AGE (In years last birthday) <b>76</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>steamfitter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Heating</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Clayton, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Alexander Weissflug</b>		13b. MOTHER'S MAIDEN NAME <b>Selma unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Elma Schuricht Weissflug.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elma Weissflug, -4617 Varrelmann 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart dis 2 yrs.</b> 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 <b>12 hours</b>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>6/9, 1953</b> , to <b>6/9, 1955</b> , that I last saw the deceased alive on <b>6/9, 1955</b> , and that death occurred at <b>11:30 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Harold Franklin M.D.</b>				23b. ADDRESS <b>16 Hampton Village</b>		23c. DATE SIGNED <b>6/10/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>June 13, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>JUN 11 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</b>			

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

Dr. Harold A. Franklin  
Room 239 Hampton Village Med.  
Hours 12:30 to 2:30 PM

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. None working under my personal supervision..

Student None  
Signature of Student Embalmer

Signed Delis J. Krupar

Licensed Embalmer No. 349

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.