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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24928

State File No.

FILED AUG 10 1955

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 500 Registrar's No. 1691

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Manchester</u>		c. CITY OR TOWN <u>Manchester</u> <u>4749</u>	
c. LENGTH OF STAY (in this place) <u>18 yrs.</u>		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 <u>Hill Avenue</u>		STREET ADDRESS (If rural, give location) <u>Hill Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pauline</u>	b. (Middle)	c. (Last) <u>Weidmann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 30 1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jacob Eschenbrenner</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ruppel</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Weidmann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Strothkamp</u>	ADDRESS <u>Manchester, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation.</u>		10 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4443 X</u>
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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?
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22. I hereby certify that I attended the deceased from 8-19, 1955 to 7-22, 1955, that I last saw the deceased alive on 7-18, 1955, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> Degree or title <u>2</u>	23b. ADDRESS <u>Box 97 Eureka Mo.</u>	23c. DATE SIGNED <u>7-23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-25-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John E & R Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Manchester, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/25/55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Chrader Funeral Home Ballwin, Mo.</u>
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(Licensed Embalmer, Stationer, or 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..... *Richard Bopp*

Licensed Embalmer No. *45*
P. O. Address *Bellview*

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.