

300
48

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31645

318

1003

State File No.

Registrar's No. 7562

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hospt</u>		d. STREET ADDRESS (If rural, give location) <u>6407 West Court</u>	

2029
0

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle)		c. (Last) <u>Weidig</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 28 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 10 1892</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner of</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Frank Weidig</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Hartmann</u>		14. NAME OF HUSBAND OR WIFE <u>Beatrice Hoover Weidig</u>	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, no. or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-05-9650</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Beatrice Weidig 6407 West Court</u>	
---	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as fall, suffocation, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, Heart Disease with decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>		Week.	
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Hypertension, vascular.</u>		Week	

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) <u>4200 D</u>	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 9/10, 1955, to 2/20, 1955, that I last saw the deceased alive on 2/27, 1955, and that death occurred at E. P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry Wagner</u>		23b. ADDRESS <u>122 E. P. Blvd St. Louis</u>		23c. DATE SIGNED <u>2/29/55</u>	
--	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 31 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Church Yard</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
--	--	------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>AUG 29 1955</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Weick Bros 2201 S. Grand Blvd.</u>	
---	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

RECORD - PERMANENT - MAKE A PERMANENT RECORD - USING UNFADING BLACK INK

10-1-55
Wagner

Dr. H. J. Cooper

Paul Brown Bldg.

Ch. 1-4747

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 _____
Student Embalmer

Signed *Bill C. Brown*

Licensed Embalmer No. *4764*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.