

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36291

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8796

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><u>Missouri</u><br>b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u>  |  | c. LENGTH OF STAY (In this place)<br><u>3 days</u>   | c. CITY OR TOWN <u>St. Louis</u>   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Incarnate Word Hospital</u>  |  | e. STREET ADDRESS (If rural, give location)<br><u>5452 Robert</u>  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Catherine</u><br>b. (Middle) <u>I</u><br>c. (Last) <u>Theising</u>   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Sept 22 1956</u>  |  |
| 5. SEX<br><u>female</u>  | 6. COLOR OR RACE<br><u>white</u>           | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u>   | 8. DATE OF BIRTH<br><u>Sept 30, 1895</u>   |
| 9. AGE (In years last birthday)<br><u>60</u>   | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>at home</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>St. Louis, Mo.</u>                |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |  |  |  |
| 13a. FATHER'S NAME<br><u>Joseph Weber</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Ida Nessler</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>Henry</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |  | 16. SOCIAL SECURITY NO.<br><u>none</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Henry Theising 5452 Robert</u>             |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Diabetes mellitus</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| INTERVAL BETWEEN ONSET AND DEATH<br><u>12 hours</u><br><br><u>5 years</u>  |  |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input checked="" 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)  |  | 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 <u>20 Sept</u> , 1956, to <u>22 Sept</u> , 1956, that I last saw the deceased alive on <u>22 Sept</u> , 1956, and that death occurred at <u>8:30 p m.</u> , from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>Frank Nessler</u>   |  | 23b. ADDRESS<br><u>M.D. 4209 S Kingshighway</u>  | 23c. DATE SIGNED<br><u>23 Sept 56</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>removal</u>  | 24b. DATE<br><u>Sept 26, 1956</u>          | 24c. NAME OF CEMETERY OR CREMATORY<br><u>SS Peter &amp; Paul Cem.</u>  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Mo.</u>                     |
| DATE REC'D BY LOCAL REG.<br><u>SEP 24 1956</u>   |  | REGISTRAR'S SIGNATURE<br><u>J. Carl Smith, M.D.</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>J L Ziegenhein &amp; Sons 17027 Gravata</u> |

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 *Ronald E. Benz*.....

Licensed Embalmer No. *74863*.....

P. O. Address *7027*.....

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.