

Health, Welfare, Public Service

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13104-58

3772

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

205

300
-57

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) |
| 30 Saint Louis Maternity | | 27 | 9927 Slevin Lane |

| | | | | |
|---|------------------|---|--|-----|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | |
| First | Middle | Last | Month | Day |
| Baby Weismiller | | | January 7 1958 | |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH | |
| Female | White | WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | January 6 1958 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | |
| | | -- | St Louis Missouri | |

| | | |
|---------------------|---------------------------|-----------------------------|
| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
| Edward C Weismiller | Bertha Jane Smith | -- |

| | | |
|---|-------------------------|------------------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address |
| | -- | Bertha Jane Weismiller Above |

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|--|------------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Prematurity incompatible with life</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>1 day 10 hrs.</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | |

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|---|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |

| | | | |
|--|------------------------------|--------|-------|
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|--|------------------------------|--------|-------|

21. I attended the deceased from January 6 1958 to January 7 1958 last saw her alive on January 7 1958
 Death occurred at 4:00 P M on the date stated above; and to the best of my knowledge, from the causes stated.

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|---|--|-----------------------------------|
| 22a. SIGNATURE <i>John E. Hobbs M.D.</i> | 22b. ADDRESS <i>6308 Kingshighway</i> | 22c. DATE SIGNED <i>1/8/58</i> |
|---|--|-----------------------------------|

| | | | |
|---|-----------|------------------------------------|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| removal | 1-8-58 | Mt. Hope Cemetery | St. Louis Co., Mo. |

| | | |
|--------------------------------------|------------------------------|---------------------------|
| 24. FUNERAL DIRECTOR ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
| Witt Bros. U&L.Co. 2929 S. Jefferson | JAN 8 58 | <i>J. Carl Smith M.D.</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Harold C. Witt

Licensed Embalmer No. 4353
P. O. Address St. Louis, Mo.

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.