

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016597

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4290**

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Affton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Anthony		Length of stay in lb 5 Wks.	d. STREET ADDRESS (If outside, give location) 4959 Seibert		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Katie Middle S Last Weller			4. DATE OF DEATH Month Apr. Day 19 Year 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 21, 1882		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Domestic Servant	11. BIRTHPLACE (City and state or country) St Genevieve Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Peter Weller		13b. MOTHER'S MAIDEN NAME Mary Kirchner		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-34-0758		17. INFORMANT Anna Siebert Address 4959 Seibert	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompensation Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Empyema of Gall Bladder PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 5 weeks 5 years
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 Month, Day, Year 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 1-19-58		COUNTY STATE	
21. I attended the deceased from Jan 17 1958 to Jan 19 1958 and last saw her/him alive on Jan 19 1958 Death occurred at 10:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Walter Gunn (Degree or title) M.D.			22b. ADDRESS 4617 Dahlia		22c. DATE SIGNED 4-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/21/58	23c. NAME OF CEMETERY OR CREMATORY Valle Spring Cemetery		23d. LOCATION (City, town, or county) (State) St Genevieve Mo.
24. FUNERAL DIRECTOR J L Ziegenhein & Sons		ADDRESS 7027 Gravois		25. DATE RECD. BY LOCAL REG. APR 21 '58	26. REGISTRAR'S SIGNATURE Carl Smith No 2186

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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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 E. P. Kidwell

Licensed Embalmer No. 3877
P. O. Address 7027 Heron

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.