

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016816
State File No.

FILED APR 28 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1074

4005

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY OR TOWN <u>Richmond Heights</u> <u>4505</u>	
c. LENGTH OF STAY (in this place) <u>20 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>1200 FRANCIS PL.</u>			
e. STREET ADDRESS (If rural, give location) <u>1200 FRANCIS PL.</u>			

3. NAME OF DECEASED (Type or Print) <u>CATHERINE</u>	a. (First)	b. (Middle)	c. (Last) <u>WEIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-17-58</u>
--	------------	-------------	-----------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>	8. DATE OF BIRTH <u>8/14/1874</u>	9. AGE (in years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JAMES WUENT</u>	13b. MOTHER'S MAIDEN NAME <u>ANN HOUSTON</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY WEIS</u>
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>KATHERINE W. KRUSE</u>	ADDRESS <u>1200 FRANCIS PL.</u>
--	-------------------------------------	---	---------------------------------

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>4-11-58</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right hemiplegia-Cerebral Hemorrhage.</u>		<u>1949+</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive-cardiovascular renal disease</u> DUE TO (c) <u>General arteriosclerosis</u>		<u>1949+</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/2/20X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
------------------------	----------------------------------	--

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) (Min.)	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 4-22, 1949, to 4-17-58, 1958, that I last saw the deceased alive on 4-15, 1958, and that death occurred at 9:54P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Fred W. Clark</u> (Degree or title) <u>0 M.D.</u>	23b. ADDRESS <u>864 Hamilton Blvd. St. Louis 12 Mo</u>	23c. DATE SIGNED <u>4-18-58</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/19/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MISSOURI</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4-18-58</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. H. Bopp Inc.</u>	ADDRESS <u>131 W. Algona Street, Highwood, MO</u>
---	--	---	---

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 *Francis J. Wyland Jr*
Licensed Embalmer No. *4512*

P. O. Address *Richardson*

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.