

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027860
STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1947

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berkeley City | | Inside Limits Yes# No□ c. CITY OR TOWN Berkeley City | Inside Limits Yes# No□ d. STREET ADDRESS 9706 Natural Bridge |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9706 Natural Bridge 5 Yrs. | | Length of stay in 1b 5 Yrs. | |
| 3. NAME OF DECEASED (Type or print) First Catherine Middle Weishaar Last Weishaar | | 4. DATE OF DEATH Month July Day 24 Year 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED #2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept 21 1876 |
| 9. AGE (In years last birthday) 81 | | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. | IF UNDER 24 HRS. Hours 0 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (City and state or country) Golden Eagle Illinois |
| 13. FATHER'S NAME August Nolte | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 14. MOTHER'S MAIDEN NAME Unknown | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) No | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Mary Weishaar 9706 Natural Bridge | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Neoplasm of transverse Colon | | | INTERVAL BETWEEN ONSET AND DEATH 6 mo. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hydronephrosis of left Kidney | | | 1 year |
| DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____ | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ |
| 21. I attended the deceased from June 6, 1957 to July 24, 1958 and last saw her alive on July 22, 1958 . Death occurred at 8:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Herman J. Klodner M.D. | | 22b. ADDRESS 9616 Laddland Rd. | 22c. DATE SIGNED 7/24/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE July 28 1958 | 23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery | 23d. LOCATION (City, town, or county) (State) Bridgeton Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Collier Mortuary, St. Ann, Mo. | | 25. DATE RECD. BY LOCAL REG. 7-24-58 | 26. REGISTRAR'S SIGNATURE Herbert R. Dombert |

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Sheldon Collier*

Licensed Embalmer No. *33*

P. O. Address *St. Ann*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.