

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034812
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8437

300
-57

1. PLACE OF DEATH a. COUNTY		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 St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ferguson 4/109
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		Length of stay in 1b 4 Hrs.	d. STREET ADDRESS (If outside, give location) 27 234 Olympia Dr.

3. NAME OF DECEASED First Middle Last Elizabeth Minnie Weilmuenster

4. DATE OF DEATH Month Day Year 8/ 29/ 58

5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/2/87	9. AGE (In years birth day) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress	10b. KIND OF BUSINESS OR INDUSTRY Sewing	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Adolph Woehling

13b. MOTHER'S MAIDEN NAME Meier

14. NAME OF HUSBAND OR WIFE Edgar Weilmuenster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no or unknown) (If yes, give year or dates of service)
No None

16. SOCIAL SECURITY NO. 490-22-4914

17. INFORMANT Eileen Lovell 234 Olympia Ave. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Respiratory Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Edema

DUE TO (c) Involuntal psychotic reaction

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
302x

INTERVAL BETWEEN ONSET AND DEATH 30 min

1 hour

1 year

19. WAS AUTOPSY PERFORMED? YES NO 1

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 February 1956 to 8/29/58 and last saw her alive on 8/29/58

Death occurred at 1:30P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. A. Arney (Degree or title) 0

22b. ADDRESS 16 Hampton Village

22c. DATE SIGNED 9/2/58

23a. BURIAL, CREMATION, or other disposal (Specify) Burial

23b. DATE 9/2/58

23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS White-Mullen 118 N. Florissant Rd.

25. DATE RECD. BY LOCAL REG. SEP 2 '58

26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Eleanor Poivree*

Licensed Embalmer No. *3403*

P. O. Address *Jennings, 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.