

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034994
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 317 Primary Registration District No. 545 Registrar's No. 2536

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 MAPLEWOOD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MAPLEWOOD 4544
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3531 OXFORD		Length of stay in 1b 40 YR.	d. STREET ADDRESS (If outside, give location) 3531 OXFORD
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle C Last WEILAND			4. DATE OF DEATH Month 10 Day 1 Year 58			
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-19-1863		9. AGE (In years last birthday) 95	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED UPHOLSTERER		10b. KIND OF BUSINESS OR INDUSTRY FURNITURE		11. BIRTHPLACE (City and state or country) ST. LOUIS MO		
				12. CITIZEN OF WHAT COUNTRY? U.S.A		

13a. FATHER'S NAME JACOB WEILAND		13b. MOTHER'S MAIDEN NAME BARBARA KOHL		14. NAME OF HUSBAND OR WIFE PAULINE V. WEILAND	
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. NONE		17. INFORMANT Address PAULINE V. WEILAND - 3531 OXFORD	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infirmities of old Age.		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		794X
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 type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NO	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		NONE	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input 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 _____ to _____ and last saw her/him alive on _____. Death occurred at 6:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John A. Buser M.D.		22b. ADDRESS Maplewood Mo		22c. DATE SIGNED 10/1/58	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-4-58		23c. NAME OF CEMETERY OR CREMATORY ZION CEM.	
				23d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
24. FUNERAL DIRECTOR ADDRESS JAY B. SMITH - MAPLEWOOD 17 MO		25. DATE RECD. BY LOCAL REG. 10-2-58		26. REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.	

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

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 *J. Allen Davis*

Licensed Embalmer No. *4053*

P. O. Address

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.