Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004053
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 194

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CONCORD VILLAGE — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 9918 GERALD DR — Length of stay in 1b: 15 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST LOUIS
c. CITY OR TOWN: CONCORD VILLAGE 4000 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 9918 GERALD DR — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: HELEN Middle: FRANCES Last: WEIDLICH

4. DATE OF DEATH Month: JAN Day: 17 Year: 1959

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: JAN-26-1911

9. AGE (In years last birthday): 47

IF UNDER 1 YEAR: Months: 11 Days: 22 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (City and state or country): ST LOUIS CO, MO

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: OTTO SCHUETZ

14. MOTHER'S MAIDEN NAME: IDA EIKMANN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: 497-38-6349

17. INFORMANT: MR RALPH WEIDLICH Address: 9918 GERALD DR ST LOUIS 23 MO

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma, primary unknown — 18 months
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 1992

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 a. m. p. m. Month, Day, Year

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 April 24, 1958 to January 17, 1959 and last saw her/him alive on Jan 6, 1959. Death occurred at 12:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leo L Wacker MD.

22b. ADDRESS: 9 Concord Center Drive St Louis 23, Mo.

22c. DATE SIGNED: Jan 19, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JAN-20-1959

23c. NAME OF CEMETERY OR CREMATORY: ST LUCAS CEM.

23d. LOCATION (City, town, or county) (State): SAPPINGTON MISSOURI

24. FUNERAL DIRECTOR ADDRESS: FEY FUNERAL HOME, MEHLVILLE MO

25. DATE RECD. BY LOCAL REG.: 1-19-59

26. REGISTRAR'S SIGNATURE: John C. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 480

P. O. Address .....

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