

FRI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1959

59-027336

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-6697** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 80 Years	c. CITY OR TOWN Clayton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hamilton M&C Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7436 Cromwell Drive

3. NAME OF DECEASED (Type or print) Julius Eugene Weissenborn			4. DATE OF DEATH Month Day Year July 16, 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/24/73	9. AGE (last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Weissenborn Coal Co Belleville, Ill	11. BIRTHPLACE (City and state or country) U.S.A.	
13a. FATHER'S NAME Sebastian A. Weissenborn		13b. MOTHER'S MAIDEN NAME Rosalie Hills	14. NAME OF HUSBAND OR WIFE Sophia K. Weissenborn	
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. 492-10-9457	17. INFORMANT Address Mr George F. Morrison 7436 Cromwell	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 6 year
IMMEDIATE CAUSE (a) Cerebral Arterio sclerosis		
DUE TO (b) General Arterio sclerosis		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____	

20d. INJURY OCCURRED WHILE AT WORK <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 Sept 22, 1939 to July 16, 1959 and last saw her/him alive on July 16, 1959 Death occurred at 10.15 a. m of the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Harold H. Hays M.D.		22b. ADDRESS 3720 Wadley Rd		22c. DATE SIGNED Jul 17, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/18/59	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	23d. LOCATION (City, town, or county) St. Louis, Missouri	
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd		25. DATE RECD. BY LOCAL REG. JUL 17 '59	26. REGISTRAR'S SIGNATURE Roan Smith. M.D.	

BY AFFIDAVIT OF Funeral Director MEDICAL CERTIFICATION DOCUMENT

Dr. Hiram Liggett

3720 Washington Blvd

Je. 3-1551

1 to 4:30 P.M.

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STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jose E. McCulloch

Licensed Embalmer No. 61759

P. O. Address 61759

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

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