

1 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 0 1960

60-013586

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 640

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>ST Louis</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>ST. LOUIS</u>
Length of stay in 1b <u>DOA</u>		c. CITY OR TOWN <u>MARYLAND HEIGHTS</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>20 HARLEM ROAD</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>RAYMOND</u>	Middle <u>S</u>	Last <u>WEINERTH</u>	4. DATE OF DEATH	Month <u>FEB</u>	Day <u>23</u>	Year <u>1960</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 8, 1912</u>	9. AGE (last birthday) <u>47</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>VENDING CO</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>HENRY WEINERTH</u>	13b. MOTHER'S MAIDEN NAME <u>FLORENCE JEEP</u>	14. NAME OF HUSBAND OR WIFE <u>PAULINE WEINERTH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>492-03-1085</u>	17. INFORMANT Address <u>PAULINE WEINERTH 20 HARLEM RD</u>
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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
IMMEDIATE CAUSE (a) <u>Compression fractures of right chest with secondary hemothorax and shock</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b)	
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 checked="" 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.) <u>Operator of car which was involved in a collision with Tractor & Gas Tank Trailer</u>
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20c. TIME OF INJURY <u>7:10 p.m.</u>	Month, Day, Year <u>2/23/60</u>	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.) <u>highway</u>	20f. CITY, TOWN, OR LOCATION <u>Rural</u>	COUNTY <u>St. Louis</u>	STATE <u>Missouri</u>
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Raymond Hain</u> Coroner	22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>3/1/60</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>FEB 27, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUMMERFIELD CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>SUMMERFIELD ILLINOIS</u>
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24. FUNERAL DIRECTOR <u>STOCK MORTUARY 8895 BRENTWOOD</u>	ADDRESS <u>CLAYTON 5</u>	25. DATE RECD. BY LOCAL REG. <u>2-26-60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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CLAYTON 5 (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Paul G. Wachter

Licensed Embalmer No. 7787

P. O. Address St. Louis

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.