

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8052

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 <u>St Louis</u>				Length of stay in 1b		c. CITY OR TOWN <u>St Louis</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3217 Michigan Ave</u>	
3. NAME OF DECEASED (Type or print)				First <u>Joseph</u> Middle <u></u> Last <u>Weiner</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>13</u> Year <u>1960</u>	
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>12/23/90</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brewery</u>		9. AGE (last birthday) <u>69</u>		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) <u>St Louis Missouri</u>				12. CITIZEN OF WHAT COUNTRY <u>U S</u>			
13a. FATHER'S NAME <u>Frank Weiner</u>				13b. MOTHER'S MAIDEN NAME <u>Julia Novak</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine</u>	
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.		17. INFORMANT Address <u>Josephine Weiner 3217 Michigan Ave</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>420.0H</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>unk</u> <u>unk</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of Colon</u>						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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 <u></u> e.m. <u></u> p.m. <u></u>		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 <u>7/5/60</u> to <u>8/13/60</u> and last saw her/him alive on <u>8/13/60</u> Death occurred at <u>10:30 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Robert G Warner MD</u> (Degree or title)				22b. ADDRESS <u>818 Olive St St Louis Mo</u>		22c. DATE SIGNED <u>8/15/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/16/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Pickers Cemetery</u>		23d. LOCATION (City, town, or county) <u>St Louis Missouri</u> (State)	
24. FUNERAL DIRECTOR ADDRESS <u>Moynell Funeral Home 1926 Allen</u>				25. DATE RECD. BY LOCAL REG. <u>AUG 15 1960</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith M.D.</u>	

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

*Spedley F. Joeller Jr*  
\_\_\_\_\_  
Licensed Embalmer No. 4950

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.