MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-015636

FILED MAY 4 1961

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4028

STATE FILE NUMBER

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 9/2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 2 months

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4235 W. Margaretta Avenue — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1912 E.Warne Avenue — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Elizabeth Middle Last Shores

4. DATE OF DEATH Month April Day 26 Year 1961

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 12-31-1899

9. AGE (last birthday) 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner - Confectionery Store

10b. KIND OF BUSINESS OR INDUSTRY Self-employed

11. BIRTHPLACE (City and state or country) Germany

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Leonard Weingart

13b. MOTHER'S MAIDEN NAME Katherine Hochlander

14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

17. INFORMANT Address Elmer Shores, 1912 E. Warne Avenue

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) Myocardial infarction

DUE TO (b) Atrial fibrillation

DUE TO (c) Rheumatic heart disease 416x

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH: Several months

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. ☐ Yes ☒ No ☐ Unknown

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 Feb 3, 1955, to April 26, 1961 and last saw her alive on 4-26-61

Death occurred at 4:40 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John [illegible] (Degree or title) M.D.

22b. ADDRESS 4703 Cates Ave St. Louis

22c. DATE SIGNED 4-27-61

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

23b. DATE April 29,1961

23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Av

25. DATE RECD. BY LOCAL REG. APR 27 1961

26. REGISTRAR'S SIGNATURE Road Smith, M.D.

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 Clement J. McGreary

Licensed Embalmer No. 3932

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.