

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008920

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2340** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAR 7 1962**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis Missouri</b>         |  | c. CITY OR TOWN <b>Bridgeton</b>   |  |
| Length of stay in 1b   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>De Paul Hospital</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>12740 Braman Lane</b>  |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

|  |                                  |   |   |                                     |   |
|--|----------------------------------|---|---|-------------------------------------|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>AGNES</b> Middle Last <b>WEIHE</b> |                                  |   | 4. DATE OF DEATH<br>Month <b>Feb</b> Day <b>26</b> Year <b>1962</b> |                                     |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>July 28 1909</b>                             | 9. AGE (last birthday)<br><b>52</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. |

|   |  |  |  |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b> | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
|---|--|--|--|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME<br><b>Leo Bauer</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Gustav F Weihe</b> |
|--|---|--|

|   |                         |   |
|---|-------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br><b>Gustav F Weihe, 12740 Braman Lane, Bridgeton Mo., St. L. County</b> |
|---|-------------------------|---|

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Emboli</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b> sudden</b> |
| DUE TO (b)   |  |  |
| DUE TO (c) <b>332X</b>   |  |  |

|   |  |   |
|---|--|---|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Acute Cholelithiasis - Acute Pancreatitis</b> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|--|---|

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>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 **1-9-62** to **2/26/62** and last saw her **alive** on **2/26/62**  
Death occurred at **12:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                      |                                    |
|---|--------------------------------------|------------------------------------|
| 22a. SIGNATURE<br><b>L. Hayden MD</b> (Degree or title) | 22b. ADDRESS<br><b>730 Hodesmouh</b> | 22c. DATE SIGNED<br><b>2-27-62</b> |
|---|--------------------------------------|------------------------------------|

|   |                                   |  |  |         |
|---|-----------------------------------|--|--|---------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>Feb. 28, 1962</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Laurel Hill Gardens</b> | 23d. LOCATION (City, town, or county)<br><b>St. Louis County Mo.</b> | (State) |
|---|-----------------------------------|--|--|---------|

|   |  |  |
|---|--|--|
| 24. FUNERAL DIRECTOR<br><b>Henry Leidner Und Co 2223 St. Louis Ave.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>FEB 27 1962</b> | 26. REGISTRAR'S SIGNATURE<br><b>Roal Smith, M.D.</b> |
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

L. F. Hayden - 7:30 Hodesmouh  
USE BLACK INK 1-3 PM  
OR  
TYPEWRITER RIBBON  
59

**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 Albert Mayfield

Licensed Embalmer No. 3277

P. O. Address St. Louis, Mo

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.