

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-049666

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 3625

DO NOT WRITE ON THIS STUD

AMENDED

**FILED JAN 16 1963**

1. PLACE OF DEATH  
 a. COUNTY ST. LOUIS  
 b. CITY (If outside corporate limits, give TOWNSHIP or MO. length of stay in 1b) WEBSTER GROVES 19, MO.  
 c. FULL NAME OF (If not in hospital, give location) Greenwood Home & Hospital  
 d. STREET ADDRESS (If outside, give location) 5061a Lindenwood

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN St. Louis  
 d. STREET ADDRESS (If outside, give location) \_\_\_\_\_  
 Inside Limits: Yes  No   
 Reside on Farm: Yes  No

3. NAME OF DECEASED (Type or print) MARY S. WEILAND  
 4. DATE OF DEATH 12-11-62

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 11-7-1874 9. AGE (last birthday) 88  
 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) Housework  
 10b. KIND OF BUSINESS OR INDUSTRY At Home  
 11. BIRTHPLACE (City and state or country) St. Louis, Mo.  
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Willrich 13b. MOTHER'S MAIDEN NAME Fredericka Manne 14. NAME OF HUSBAND OR WIFE Late Charles A. Weiland

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. None 17. INFORMANT Ruth M. Weiland Address 5061a Lindenwood

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 insufficiency  
 DUE TO (b) arteriosclerotic heart disease  
 DUE TO (c) generalized arteriosclerosis  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) cerebral arteriosclerosis, CBS due to cerebr. art.  
 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 \_\_\_\_\_ s.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 7-30-62 to 12-11-62 and last saw her live on 12-11-62  
 Death occurred at 120 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hester A. J. (Degree or title) 22b. ADDRESS 1300 Frank Rd St. Louis 19. Mo 22c. DATE SIGNED 12-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 14, 1962 23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR Kriegshausner ADDRESS 4228 S. Kingshighway Blvd. 25. DATE RECD. BY LOCAL REG. 12-13-62 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

**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 R. W. Stovesand

Licensed Embalmer No. 4007

P. O. Address \_\_\_\_\_

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.