

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-046195

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11231**

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 2 1965

VS 300 Rev. 4/59	1	2	3	4	5	6	7	8	9	10	11	12	13
		21		0	3		0	1				83-0	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS, MISSOURI				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MISSOURI				Length of stay in 1b 25 YEARS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3645A WYOMING AVE.	
3. NAME OF DECEASED (Type or print) First Middle Last FRANK E. WEILER				4. DATE OF DEATH Month Day Year 11/23/65			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 5/21/15	
9. AGE (last birthday) 50 YEARS		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) PAINTER				10b. KIND OF BUSINESS OR INDUSTRY SELF-EMPLOYED		11. BIRTHPLACE (City and state or country) FARMINGTON, MISSOURI USA	
13a. FATHER'S NAME FIRMIN WEILER				13b. MOTHER'S MAIDEN NAME EDITH CRANE		14. NAME OF HUSBAND OR WIFE -Helen-Weiler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II				16. SOCIAL SECURITY NO. 498 05 1021		17. INFORMANT Address HELEN MANSER (SISTER) BONNE TERRE, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lung with widespread metastases							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							163x
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	
19. WAS AUTOPSY PERFORMED? 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 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. Attended the deceased from VA 10/21/65 to 11/23/65 and last saw <input checked="" type="checkbox"/> him alive on 11/23/65		Death occurred at 5:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE: Samuel M. Franke (Degree or title) M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 11/23/65	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE NOV. 26, 1965		23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.	
24. FUNERAL DIRECTOR ADDRESS KRIEGSHAUSER 4228 S. KINGSHIGHWAY BLVD.				25. DATE RECD. BY LOCAL REG. NOV 24 1965		26. REGISTRAR'S SIGNATURE Neal Smith, M.D.	

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 James R. Lunn

Licensed Embalmer No. 4527

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.