

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32239

State File No.

FILED SEP 15 1951

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>STE GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE GENEVIEVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>RURAL STE GENEVIEVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>RR#1</u>		d. STREET ADDRESS (If rural, give location) <u>RR#1</u>	

3. NAME OF DECEASED a. (First) <u>CECELIA</u> b. (Middle) <u>JULIA</u> c. (Last) <u>WEILER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 30 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAY 2 1893</u>			9. AGE (In years last birthday) Months Days Hours Min. <u>68</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>STE GENEVIEVE CO, MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>HENRY A HUCK</u>		13b. MOTHER'S MAIDEN NAME <u>RONIGUNDA GRASS</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN A WEILER</u>	
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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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John A. Weiler Ste. Genevieve Mo RR#1</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8/29/51</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Central Hemorrhage</u>		<u>7/26/51</u>	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>		?	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from July 26, 1951, to Aug 30, 1951, that I last saw the deceased alive on Aug 29, 1951, and that death occurred at 4:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rob. Leuning M.D.</u>		(Degree or title)		23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>8/30/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 1 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST JOSEPH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ZELL MO</u>	
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DATE REC'D BY LOCAL REG <u>Sept. 4, 1951</u>		REGISTRAR'S SIGNATURE <u>Germa M. Pool-Dep</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leop. Bask Ste. Genevieve Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0950

File No. _____
DISTRICT HEALTH OFFICE NO. 4

SEP 6 - 1951

RECEIVED

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
Student Embalmer

Signed Adrian J. Eller

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, 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 this body is not embalmed, fact should be so stated above.