

DEC 1 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38084

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>287</u>			
1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. LENGTH OF STAY (In this place) <u>1 MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>				d. STREET ADDRESS <u>1100 ST MARYS BVLD.</u>					
3. NAME OF DECEASED (Type or Print) <u>LOUISE WEKAMP</u>			a. (First) <u>LOUISE</u>			b. (Middle) <u>WEKAMP</u>			
c. (Last) <u>WEKAMP</u>			4. DATE OF DEATH <u>NOV. 22, 1952</u>			7. DATE OF BIRTH <u>AUG. 22, 1877</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR: Months <u>3</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. MARTINS, MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>CHARLES HENTGES</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET DISTLER</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN WEKAMP</u>			
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 <u>PAULINE WEKAMP</u> ADDRESS <u>J. C. MO.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Metastatic Pneumonia</u>				ANTECEDENT CAUSES <u>Fracture R. femur</u>					
DUE TO (a) _____				DUE TO (b) _____					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <u>arteriosclerotic heart disease &amp; Tuberculosis</u>					
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Jeff. City - Cole - Mo</u>		21d. HOW DID INJURY OCCUR? <u>Fell out of wheel chair</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-25-52/10a</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>10-25, 1952</u> to <u>11-22, 1952</u> that I last saw the deceased alive on <u>11-22, 1952</u> and that death occurred at <u>2:45 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H. Resman MD</u> (Degree or title)				23b. ADDRESS <u>Jefferson City, Mo.</u>				23c. DATE SIGNED <u>11/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 25, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON CITY, MO</u>			
DATE REG'D BY LOCAL REG. <u>Nov. 25 - 1952</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis MD. MR.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Kulle J.C. Mo.</u>		ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 8 1952

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JAN 15 1953

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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 \_\_\_\_\_

*Sylvester Dulle*

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.