

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10513**

No. 300
10-48

FILED **APR 2 1954**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **2878**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granite City	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		d. STREET ADDRESS (If rural, give location) 2165a Benton St.	

3. NAME OF DECEASED (Type or Print) a. (First) Faith b. (Middle) Corrine c. (Last) Weddell			4. DATE OF DEATH (Month) (Day) (Year) March 29 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 12/25/1890		9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Brownstown, Indiana		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME Walter Findley		13b. MOTHER'S MAIDEN NAME Lorena Louden		14. NAME OF HUSBAND OR WIFE Dell Weddell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Katherine Weddell ADDRESS Granite City Ill	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis DUE TO (c) Arteriosclerosis					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 446 X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **3/15 1954**, to **3/29 1954**, that I last saw the deceased alive on **3/29 1954**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Blashnick, M.D.		23b. ADDRESS 508 N. Grand Ave.		23c. DATE SIGNED 3/30/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/2/54		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	
		24d. LOCATION (City, town, or county) (State) Edwardsville, Illinois			

DATE REC'D BY LOCAL REG. MAR 30 1954		REGISTRAR'S SIGNATURE Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE Edward K. Hays ADDRESS Franklin St.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Loren Davis

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Loren H. Davis*

App.

Licensed Embalmer No. *7733*

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 this body is not embalmed, fact should be so stated above.