

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24537**  
Registrar's No. **6265**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St Clair</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>E. St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>66 Signal Hill #128</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) <b>Oscar</b>	b. (Middle) <b>William</b>	c. (Last) <b>Weeke</b>	(Month) <b>July</b>	(Day) <b>19</b>
			(Year) <b>1955</b>	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Dec. 7 1892</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		<b>married</b>		Months <b>7</b>	Days <b>12</b>	Hours <b></b> Min. <b></b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>owner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Weeke Tobacco</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lynn, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Fred Weeke</b>	13b. MOTHER'S MAIDEN NAME <b>House Kappelman</b>	14. NAME OF HUSBAND OR WIFE <b>Corina Weeke</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>319-28-2653</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Corina Weeke - E. St. Louis, Ill</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Cecum (primary site)</b>		
	with metastases to peritoneal, liver, and lungs		
ANTECEDENT CAUSES		DUE TO (b)	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
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 checked="" type="checkbox"/> NO <input 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 May 5, 1955, to July 19, 1955, that I last saw the deceased alive on July 19, 1955, and that death occurred at 7:20P m., from the causes and on the date stated above.

23a. SIGNATURE <b>FH Bruns</b>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>7/20/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/22/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo</b>
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DATE REC'D BY LOCAL REG. <b>Jul 20 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ed Purran</b>	ADDRESS <b>East St Louis Ill.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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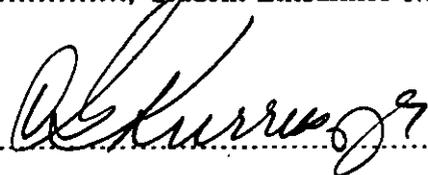
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STATEMENT BY LICENSED EMBALMER

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.....  
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 216

P. O. Address Estherville

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.