

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

XC-18 ~~651 FEB 1-7 1956~~ THE DIVISION OF HEALTH OF MISSOURI  
 Reg. #13114 STANDARD CERTIFICATE OF DEATH  
 S. #8331  
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** State File No. **7366**  
 Registrar's No. **669**

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>Madison</b>		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>30 days</b>	c. CITY OR TOWN <b>Granite City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			e. STREET ADDRESS (If rural, give location) <b>P.O. BOX 169</b>		<b>81208</b>
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>		b. (Middle)	c. (Last) <b>WECKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 18, 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>6/30/92</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel Foundry Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) / <b>Madison Co., Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John Wecker</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hoehn</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-1</b>		16. SOCIAL SECURITY NO. <b>333-01-9844</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA Hosp. Records, St. Louis, Mo.</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PARADUODENAL ABSCESS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>GENERALIZED ARTERIOSCLEROSIS?</b>		<b>Undetermined</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		<b>575 L</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b> m.		21e. INJURY OCCURRED WHILE AT <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 <b>12/19</b> , 19 <b>55</b> , to <b>1/18</b> , 19 <b>56</b> , and that death occurred at <b>1:30 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VAH, St. Louis, Mo.</b>		23c. DATE SIGNED <b>1/18/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>1-18-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHNS</b>	24d. LOCATION (City, town, or county) (State) <b>GRANITE CITY, ILLINOIS</b>		
DATE REC'D BY LOCAL REG. <b>JAN 20 1956</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> <b>Granite City, Ill</b>	

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 *Charles E. Meier*.....

Licensed Embalmer No... *296* .....

P. O. Address *Grant*.....

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.