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FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10295**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (in this place) 2 hrs	c. CITY OR TOWN Maryland Heights
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Michael Avenue 4001	

3. NAME OF DECEASED (Type or Print)	a. (First) Bernice	b. (Middle) Norma	c. (Last) Weseloh	4. DATE OF DEATH (Month) (Day) (Year) Mar. 31, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 20, 1921	9. AGE (In years last birthday) 34	# UNDER 1 YEAR Months 11 Days 11	# UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Packer		10b. KIND OF BUSINESS OR INDUSTRY Weiss Shoe Co.		11. BIRTHPLACE (City and State or Foreign Country) Rolla, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jessie Kohenskey	13b. MOTHER'S MAIDEN NAME Theodosia Kohenskey	14. NAME OF HUSBAND OR WIFE Marvin A. Weseloh
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) No	16. SOCIAL SECURITY NO. 499-34-7742	17. INFORMANT'S SIGNATURE OR NAME Marvin A. Weseloh	ADDRESS Maryland Heights, M
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicidal Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 HOURS
	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.		

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 **8:30 AM 31 Mar 1956**, to _____, 19____, that I last saw the deceased alive on **9 AM 31 Mar 1956**, and that death occurred at **9:40 A m.**, from the causes and on the date stated above.

23a. SIGNATURE Mallory S. Neal M.D. (Degree or title)	23b. ADDRESS 207 N 5 St Charles Mo	23c. DATE SIGNED 4-2-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-3-1956	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Park	24d. LOCATION (City, town, or county) (State) Page Dale, Mo.
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DATE REC'D BY LOCAL REG. April 2 1956	REGISTRAR'S SIGNATURE Fannie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE William Overland	ADDRESS 2504 Woodson Rd - Overland - 14 - Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 24 1957

APR 10 1956

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 *Oscar F. Mueller*.....

Licensed Embalmer No. *30*.....

P. O. Address *Overland*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.