

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22369**

FILED JUN 21 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **1378**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Berkley</b>		c. CITY OR TOWN <b>Hazelwood</b> <b>4060</b>	
c. LENGTH OF STAY (in this place) <b>2 mo.</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>Penn Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>31 Airshire Pl.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Eva</b>	b. (Middle)	c. (Last) <b>Weseman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 4, 1956</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Sept. 21, 1879</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. Factory Worker, Liggett Meyer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Oliver Kelso</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Billips</b>	14. NAME OF HUSBAND OR WIFE <b>August Weseman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY (If in active war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Claude Weibell</b>	ADDRESS <b>31 Airshire Pl.</b>
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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) <b>Carcinoma of liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
	ANTECEDENT CAUSES Morbidity 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 type="checkbox"/> NO <input checked="" 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) (Min.)	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 **12-30, 1948**, to **6-4, 1956** that I last saw the deceased alive on **6-4, 1956** and that death occurred at **4:25 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>S. Samuel, MD</b> (Degree or title)	23b. ADDRESS <b>2573 Woodson Rd. Overland</b>	23c. DATE SIGNED <b>6-5-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 7, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Wellston, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-5-56</b>	REGISTRAR'S SIGNATURE <b>Herbert B. Donahue, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>	ADDRESS <b>6322 S. Grand Blvd., St. Louis, Mo.</b>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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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 *David Van Fossan*

Licensed Embalmer No. *724*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.