

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-029170

FILED VS AUG 8 1966 317 Primary Registration District No. 500 Registrar's No. 2190 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy	Length of stay in lb 1 day	c. CITY OR TOWN Hillsdale	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6207 Bailey

3. NAME OF DECEASED (Type or print) First Eddie Middle Arnold Last Weseman			4. DATE OF DEATH Month July Day 21 , Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-20-60	9. AGE (last birthday) NB	IF UNDER 1 YEAR Months 23 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Normandy, Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Arnold Weseman		13b. MOTHER'S MAIDEN NAME Lilly Hanley		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Lilly Weseman-6207 Bailey		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 7-20-60 to 7-21-60
IMMEDIATE CAUSE (a) CEREBRAL ANOXIA		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) RESPIRATORY OBSTRUCTION	
	DUE TO (c) HYALINE MEMBRANE	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PREMATURITY	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **7-20-60** to **7-21-60** and last saw her/him alive on **7-21-60**
Death occurred at **4:30 a.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Eddie Arnold Weseman</i>	Degree or title	22b. ADDRESS 5329 Riverview	22c. DATE SIGNED 7-22-60
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23a. FUNERAL REMOVAL, (Specify) REMOVAL	23b. DATE 7-22-60	23c. NAME OF CEMETERY OR CREMATORY Holy Cross Lutheran Cem	23d. LOCATION (City, town, or county) (State) Collinsville, Ill
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24. FUNERAL DIRECTOR Schroepfel Funeral Home Collinsville, Ill	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-22-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision _____

Student _____

not Emb
Signature of Student Embalmer

Signed _____

Paul E. Fineman

Licensed Embalmer No. 7808

P. O. Address 314 W. Main
Collinsville, Mo.

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