ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1194 STATE FILE NUMBER -61-007015

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b

c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Firmin Desloge Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4020a DeTonty — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Kenneth Middle Bell Last Weirich

4. DATE OF DEATH Month February Day 5, Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5/10/1911

9. AGE (last birthday) 49 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St.Louis,Mo.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME EEdward Weirich

13b. MOTHER'S MAIDEN NAME Pearl Boston

14. NAME OF HUSBAND OR WIFE Violet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Violet Weirich, Address 4020a DeTonty

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: melanoma of nasopharynx (malignant)

IMMEDIATE CAUSE (a) Melanoma, Malignant of Nasopharynx — INTERVAL BETWEEN ONSET AND DEATH 2-3 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 146x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Jan. 6, 1961, to Feb. 5, 1961 and last saw her/him alive on 2-5-61

Death occurred at 7:30 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank A. Palazzo MD Fran, A.Palazzo,M.D.

22b. ADDRESS 4161 Lindell, St.Louis,Mo

22c. DATE SIGNED 2-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2-8-61

23c. NAME OF CEMETERY OR CREMATORY St.Paul Cemetery

23d. LOCATION (City, town, or county) (State) Gerald,Mo.

24. FUNERAL DIRECTOR ADDRESS Albert H.Hoppe,Inc.,4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG. FEB 6 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FEB 21 1961

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 Harry E. Monroe

Licensed Embalmer No. 4495

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.