

AMENDED

Registration District No. 318
FILED OCT 26 1961

Primary Registration District No. 1003 Registrar's No. 9694

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Length of stay in 1b <u>3 WKS.</u>	c. CITY OR TOWN <u>GRANITE CITY</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DEPAUL HOSPITAL</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2729 GRAND AVENUE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>C</u> Last <u>WEBER</u>			4. DATE OF DEATH Month <u>10</u> Day <u>18</u> Year <u>1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-17-'91</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED STA. AGENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NEW YORK CENTRAL</u>	11. BIRTHPLACE (City and state or country) <u>HARVEL, ILL.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>HENRY WEBER</u>		13b. MOTHER'S MAIDEN NAME <u>NETTIE SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>CAROLINE WEBER</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Caroline Weber</u>	Address <u>2729 Grand Ave</u>
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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
IMMEDIATE CAUSE (a) <u>Carcinoma of Rectum (Post operative)</u>		<u>3+ months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cardio-vascular collapse</u>	
	DUE TO (c) <u>Old myocardial infarction 2 yrs.</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		154x
PART III. If deceased was female was there a pregnancy in last 90 days.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.) <u>154x</u>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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 _____
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21. I attended the deceased from September 18 to Oct 18 and last saw him alive on Oct 17 7pm
Death occurred at 7:25 10-18-61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Edo LeBlanc M.D.</u>	(Degree or title)	22b. ADDRESS <u>3720 Huntington Blvd</u>	22c. DATE SIGNED <u>10-18-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>10-18-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHNS CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>GRANITE CITY, ILLINOIS</u>
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24. FUNERAL DIRECTOR <u>Frank Mercer</u>	ADDRESS <u>Granite City</u>	25. DATE RECD. BY LOCAL REG. <u>OCT 20 1961</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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. Mercer

Licensed Embalmer No. 2988

P. O. Address Granite Co

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.