

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047440

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3540 STATE FILE NUMBER

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Manchester</u>		Length of stay in 1b <u>3 1/2 mo.</u>	c. CITY OR TOWN <u>O'Fallon</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>George</u> Last <u>Walliser</u>			4. DATE OF DEATH Month <u>December</u> Day <u>11</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/7/1870</u>	9. AGE (last birthday) <u>91</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal</u>	11. BIRTHPLACE (City and state or country) <u>Shiloh, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>George Walliser</u>		13b. MOTHER'S MAIDEN NAME <u>Sophie Landler</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine</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>---</u>	17. INFORMANT Address <u>Eugene Walliser, Collinsville, Ill.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Arteriosclerosis - Cardiac - Vascular Disease  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. None to say  
DUE TO (c) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH 25 years?

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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>NONE</u>	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.) <u>0</u>	20f. CITY, TOWN, OR LOCATION <u>0</u>	COUNTY _____ STATE _____
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21. I attended the deceased from 8-24-61 to 12-11-61 and last saw her/him alive on 12-6-61  
Death occurred at 335 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Allen M. Kearney M.D.</u>	22b. ADDRESS <u>4308 E. Peter</u>	22c. DATE SIGNED <u>12-12-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-14-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>College Hill Cemetery</u>
24. FUNERAL DIRECTOR <u>Albert H. Hoppe, Inc., 4700 Washington Blvd.</u>		23d. LOCATION (City, town, or county) (State) <u>Lebanon, Ill.</u>

25. DATE RECD. BY LOCAL REG. 12-13-61 26. REGISTRAR'S SIGNATURE  
J. B. Murphy M.D.

DATE AMENDED  
INSTEAD OF  
BY AFFIDAVIT OF  
MEDICAL CERTIFICATION  
ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

signed

**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 E. J. Pennington

Licensed Embalmer No. 4283

P. O. Address St. Louis

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.