

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 31 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 'b'.	c. CITY OR TOWN Wood River Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 114 Harnett Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First VERONA Middle C. Last DeWERFF			4. DATE OF DEATH Month MAY Day 23 Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/25/1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 56 IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.
13a. FATHER'S NAME Charles Bertin		13b. MOTHER'S MAIDEN NAME Eva Theresa Veling	11. BIRTHPLACE (City and state or country) Pana, Ill.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. NAME OF HUSBAND OR WIFE Fred DeWerff Address Fred DeWerff, Wood River, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL EMBOLUS			INTERVAL BETWEEN ONSET AND DEATH 2 HOUR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ENTERIC FISTULA WITH NUTRITIONAL DEFICIENCY, INTRA-ABDOMINAL ABSCESS, GENERALIZED SEPSIS			2 WEEKS
DUE TO (c) REGIONAL ENTERITIS			2 MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 572.0			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.		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 JAN. 30, 1960 to MAY 23, 1962 and last saw her/him alive on MAY 23, 1962 Death occurred at 7:52 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. D. Samelini, M.D.</i> (Degree or title)		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 5/23/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-26-62	23c. NAME OF CEMETERY OR CREMATORY Roselawn Memory Garden	23d. LOCATION (City, town, or county) (State) Bethalto, Ill.
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. MAY 24 1962	26. REGISTRAR'S SIGNATURE <i>Roald Smith, M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

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

Stanley H. Dixon

Licensed Embalmer No.

4193

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.