

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025324

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

6597

FILED JUL 12 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

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

Length of stay in 1b

7 Days

c. CITY OR TOWN

Highland

Inside Limits

Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

St. Louis Children's

Inside Limits

Yes  No

d. STREET ADDRESS (If outside, give location)

Route # 1

Reside on Farm

Yes  No

3. NAME OF DECEASED (Type or print)

First Middle Last

BARBARA ANN WEIS

4. DATE OF DEATH

Month 7 Day 3 Year 62

5. SEX

Female

6. COLOR OR RACE

White

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH

12-3-57

9. AGE (last birthday)

4 years.

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

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

NONE

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Highland, Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Bernell M. Weis

13b. MOTHER'S MAIDEN NAME

Martha Schumacher

14. NAME OF HUSBAND OR WIFE

Single

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

St. Louis, Missouri  
Ann Pryo 500 So. Kingshighway

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

IMMEDIATE CAUSE (a)

Acute Leukemia

INTERVAL BETWEEN ONSET AND DEATH

1 year

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

DUE TO (b)

DUE TO (c)

204.3

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 Month, Day, Year a.m. p.m.

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

6-27-62

7-3-62

7-3-62

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him/her alive on \_\_\_\_\_  
Death occurred at 10:40 PM \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Francis M Henderson MD

(Degree or title)

22b. ADDRESS 500 So. Kingshighway St. Louis, Missouri

22c. DATE SIGNED

7-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7-5-62

23c. NAME OF CEMETERY OR CREMATORY

Catholic Cem.

23d. LOCATION (City, town, or county)

Marine Ill.

24. FUNERAL DIRECTOR

HALLEMAN

ADDRESS

MARINE, ILL

25. DATE RECD. BY LOCAL REG.

JUL 5 1962

26. REGISTRAR'S SIGNATURE

Roald Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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281207

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**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 Frank Protop

Licensed Embalmer No. 4356

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...