

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32310

7949

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7949</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Richland</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>24 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Olney</b>		999			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>				d. STREET ADDRESS <b>N.R.</b>					
3. NAME OF DECEASED (Type or Print)			a. (First) <b>John</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Weesner</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>September 10 1949</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>2-27-1871</b>			
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>Edwards County, Illinois</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>William Weesner</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Fishel</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Minnie Weesner</b>			ADDRESS <b>RR 4 Olney, Ill</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure</b>				DUE TO (b) <b>Generalized arteriosclerosis</b>				yrs.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <b>Carcinoma of rectum</b>				2-3 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <b>8/21 &amp; 9/8/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of rectum and prostatitis.</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Ill</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>1574X</b>					
22. I hereby certify that I attended the deceased from <b>Aug. 18</b> 19 <b>49</b> to <b>Sept. 10</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>Sept. 10</b> , 19 <b>49</b> , and that death occurred at <b>8:50A</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>F.R. Bradley</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Barnes Hospital,</b>		23c. DATE SIGNED <b>9/10/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-10-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Olney</b>		24d. LOCATION (City, town, or county) (State) <b>Illinois</b>			
DATE REC'D BY LOCAL REG. <b>SEP 14 1949</b>		REGISTRAR'S SIGNATURE <b>J.B. Lancaster</b>			25. FUNERAL SERVICE <b>Rowland Mortuary Service Inc.</b> 4104 Manchester Ave. St. Louis 10, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4953

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 this body is not embalmed, fact should be so stated above.