

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7134

State File No.

XC-1 208 067

REG # 87770

BIRTH FILED MAR 8 1951

1951

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 6076

Registrar's No. 556

1. PLACE OF DEATH

a. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.

c. LENGTH OF STAY (in this place) 196 DAYS

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE ILLINOIS

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEBANON

d. STREET ADDRESS (If rural, give location) RURAL ROUTE # 1

8120

3. NAME OF DECEASED

a. (First) AUGUST

b. (Middle) C.

c. (Last) WEIL

4. DATE OF DEATH (Month) (Day) (Year) MARCH 1, 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 1-22-94

9. AGE (In years last birthday) 57

IF UNDER 1 YEAR: Months 1 Days 7

IF UNDER 2 HRS. Hour Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) SHILOH VALLEY, ILLINOIS

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM WEIL

13b. MOTHER'S MAIDEN NAME HELEN VITT

14. NAME OF HUSBAND OR WIFE ELIZABETH WEIL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS

ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MULTIPLE MYELOMA

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH UNKNOWN

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

203X

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-18-50, to 3-1-51, ~~throughout the period of the deceased's illness~~, and that death occurred at 4:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James F. McVadden Jr. M.D.

23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.

23c. DATE SIGNED 3-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 3-2-1951

24c. NAME OF CEMETERY OR CREMATORY St Josephs

24d. LOCATION (City, town, or county) (State) Lebanon Illinois

DATE REC'D BY LOCAL REG. 3-2-51

REGISTRAR'S SIGNATURE Herbert R. Danke MD

25. FUNERAL DIRECTOR'S SIGNATURE Wolferberger Meyer

ADDRESS O'Fallon Ill

RWL (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 _____

working under my personal supervision.

Student embalmer No.

Signed Peter B. Dehouwer

Signed
Student Embalmer

Licensed Embalmer No. 969

P. O. Address Richard Houghton

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.