

XC-16 535 386

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40322

Reg. #95936

State File No.

FILED DEC 6 1951

REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3750

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| 1. PLACE OF DEATH a. COUNTY ST. LOUIS <i>4070</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS., MO. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLLINSVILLE <i>8120</i> | |
| c. LENGTH OF STAY (in this place) 71 days | | d. STREET ADDRESS (If rural, give location) RR #2, BOX 401 <i>8</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ROBERT | | b. (Middle) L. | |
| c. (Last) WECKMAN | | 4. DATE OF DEATH NOVEMBER 18, 1951 | |
| 5. SEX MALE <i>o</i> | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED <i>o</i> | 8. DATE OF BIRTH 1/16/30 |
| 9. AGE (In years last birthday) 21 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SOLDIER | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) COLLINSVILLE, ILL. <i>/</i> | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME FRANK WECKMAN JR. | | 13b. MOTHER'S MAIDEN NAME MYRL WILDS | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES | | 16. SOCIAL SECURITY NO. 7/16/47 to 9/30/51 UNKNOWN | |
| 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) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SEPTICEMIA | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES | | DUE TO (b) QUADRIPLÉGIA | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) CEREBRAL ANOXIA | |
| II. OTHER SIGNIFICANT CONDITIONS | | 3524 | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION NONE | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE NONE | 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) m. VA | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 8/8/1951, to 11/18, 1951, that I was the deceased's physician, and that death occurred at 5:00P m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) M.D. | | 23b. ADDRESS VAH, JEFF BRKS., MO. | 23c. DATE SIGNED |
| 24a. BURIAL CREMA-TION REMOVAL | 24b. DATE Nov. 20, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Collinsville, Illinois | 24d. LOCATION (City, town, or county) (State) Collinsville, Ill |
| DATE REC'D BY LOCAL REG. 11-20-51 | REGISTRAR'S SIGNATURE Robert R. Drake MD | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway | |

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

James C. Hoffmann

Licensed Embalmer No.

3871

P. O. Address

7814 S. Broad

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.