

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24111

BIRTH NO.		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 107	
1. PLACE OF DEATH a. COUNTY Franklin.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) Washington.		c. LENGTH OF STAY (In this place) 32 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Washington		0362	
d. FULL NAME OF HOSPITAL OR INSTITUTION 921 W. 5th St.				d. STREET ADDRESS (If rural, give location) 921 W. 5th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Maria		b. (Middle) Elise		c. (Last) Weeke		4. DATE OF DEATH (Month) (Day) (Year) July 12th, 1952.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 12th, 1868	
9. AGE (In years last birthday) 83		10. MONTHS 8		11. DAYS 0		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.				10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Casco, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME August Hallemann.				13b. MOTHER'S MAIDEN NAME Henrietta Steffen.		14. NAME OF HUSBAND William H. Weeke.	
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'S SIGNATURE OR NAME ADDRESS Mrs Adolph Brune Washington, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic C-V-R disease 24 yrs DUE TO (c) old age II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			
19a. DATE OF OPERATION none				19b. MAJOR FINDINGS OF OPERATION none			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Washington, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 29 May 1949 to 12 July 1952, that I last saw the deceased alive on 12 July 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE P. J. Bozzo				23b. ADDRESS H.I.D. Washington, Mo.		23c. DATE SIGNED 14 July 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 15, 1952		24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery,		24d. LOCATION (City, town, or county) (State) Washington, Mo.	
DATE REC'D BY LOCAL REG. July 14, 1952		REGISTRAR'S SIGNATURE J. C. Hindmann		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pieburg & Vitt, Inc. Washington, Mo.			

(Licensed Embalmer's Stamp 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 Jerome F. Svoboda  
Licensed Embalmer No. 4507

P. O. Address Washington

**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.