

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 770

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY MO.		c. LENGTH OF STAY (In this place) 1 MONTH	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. MARTINS, MO. 0260	
		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) WEKAMP	c. (Last) WEKAMP	4. DATE OF DEATH (Month) (Day) (Year) JAN. 27, 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 31, 1877	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Hours 26
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) EFFINGHAM, ILL	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME HENRY WEKAMP	13b. MOTHER'S MAIDEN NAME ADELIDE	14. NAME OF HUSBAND OR WIFE NORA WELSCH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. OSCAR SCHENEWERK ST. MARTINS
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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) Arteriosclerotic Heart Disease			

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	DUE TO (b) E9030
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) 20

II. OTHER SIGNIFICANT CONDITIONS		Fracture Left Humerus	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Hypostatic Pneumonia	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 0260 (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-23-52 AM	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Slipped & fell
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22. I hereby certify that I attended the deceased from 7-12, 1948 to 1-27, 1953, that I last saw the deceased alive on 1-27, 1953, and that death occurred at 11 AM, from the causes and on the date stated above.

23a. SIGNATURE A. Oszman M.D.	(Degree or title)	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 1/28/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/30/53	24c. NAME OF CEMETERY OR CREMATORY ST. MARTINS	24d. LOCATION (City, town, or county) (State) ST. MARTINS, MO.
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DATE REC'D BY LOCAL REG. Jan 30-1953	REGISTRAR'S SIGNATURE R.P. Dorris M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. MO. Sylvester Dull
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed *Sylvester Quill*.....

Licensed Embalmer No. 4351.....

P. O. Address Jefferson City 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.