

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20033**  
**5310**

FILED JUN 10 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. _____
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>Madison</b>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Wood River Township 8120</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3000 Natural Bridge</b>		d. STREET ADDRESS (If rural, give location) <b>-3507 Omega St.</b>		

3. NAME OF DECEASED a. (First) <b>William</b>		b. (Middle) <b>Delbert</b>		c. (Last) <b>Weeks</b>		4. DATE OF DEATH (Month) <b>May</b> (Day) <b>26</b> (Year) <b>1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Jan. 28, 1941</b>		9. AGE (In years last birthday) <b>12</b>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grade School</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Alton, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>William E. Weeks.</b>		13b. MOTHER'S MAIDEN NAME <b>Nettie Yard</b>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wm L. Weeks</b> ADDRESS <b>3507 Omega St Alton, Ill.</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH* _____	
ANTECEDENT CAUSES		DUE TO (b) <b>Congenital Heart Disease</b>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____	
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? <b>7544</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1:30 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Patrick E. Taylor, M.D.</b> (Degree or title)		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>5-27-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 29, 1953</b>		24c. NAME OF CEMETERY OR CREMATORIUM <b>Valhalla Memorial Park</b>	
24d. LOCATION (City, town, or county) <b>Godfrey Twp. Madison Co. Ill.</b>		24e. (State) <b>Ill.</b>			
DATE REC'D BY LOCAL REG. <b>MAY 27 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert H. Streater</b> ADDRESS <b>Alton, Ill.</b>	

E.P. (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 \_\_\_\_\_

*Robert H. Streep*

Licensed Embalmer No. 2474

P. O. Address \_\_\_\_\_

*Altam. Ill.*

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.