

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12591

FILED APR 25 1957

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 138

Health, Welfare & Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN East St. Louis, Ill. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles E. Still Hospital Length of stay in 1b		d. STREET ADDRESS 1374 N. 35th Street (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Oliver Clarence Waeltz First Middle Last			4. DATE OF DEATH April 21, 1957 Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 19, 1933
9. AGE (In years, last birthday) 24		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student -- West Minster College	
11. BIRTHPLACE (City and state or country) East St. Louis, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Clarence Waeltz		14. MOTHER'S MAIDEN NAME Ester Menard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 2 years		16. SOCIAL SECURITY NO. 351-22-6989	17. INFORMANT Clarence Waeltz East St. Louis, Ill Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure (cor pulmonale) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Collapse L. Lung DUE TO (c) Traumatic injury Chest			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Auto accident		
20c. TIME OF DEATH 2:30 p.m. 4-19-57 Hour Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) Highway 54 North	20f. CITY, TOWN, OR LOCATION Callaway Co. Mo. COUNTY STATE
21. I attended the deceased from 4/19/57 to 4/21/57 and last saw her/him alive on 4/21/57 Death occurred at 12:20 A m on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE R. A. Michael D.O. Degree or title		22b. ADDRESS Jefferson City, Mo.	22c. DATE SIGNED 4/21/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 24 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) Belleville, Illinois
24. FUNERAL DIRECTOR Victor Busch ADDRESS		25. DATE RECD. BY LOCAL REG. 21 April 1957	26. REGISTRAR'S SIGNATURE R. P. Norris M.D.-M.R.

APR 26 1957
P. O. BOX 1057

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.....
Signature of Student Embalmer

Signed *Victor Buescher*

Licensed Embalmer No. *37*

P. O. Address *JCM*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.