

XC-1172 568

SL 6073 FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19422

STATE FILE NUMBER
4712

318

1003

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				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 915 N. GRAND, ST. LOUIS, MO.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ALTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL				Length of stay in Ib 1 day		d. STREET ADDRESS 626 E. 5TH (If outside, give location) 8120	
3. NAME OF DECEASED (Type or print) First Middle Last JESSE E. WELLER SR.				4. DATE OF DEATH Month Day Year MAY 18, 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 2/22/92	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				100. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 65	
11. BIRTHPLACE (City and state or country) KANE, ILLINOIS				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME JACOB WELLER				14. MOTHER'S MAIDEN NAME ELIZABETH SEAGO			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES				16. SOCIAL SECURITY NO. WW-1 354-28-1867		17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO. 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) MESENTERIC THROMBOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ATRIAL FIBRILLATION DUE TO (c) CONGESTIVE FAILURE PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 433.1							INTERVAL BETWEEN ONSET AND DEATH 60 hours UNKNOWN UNKNOWN
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 5/17/57 to 5/18/57 and last saw him alive on 5/18/57 Death occurred at 11:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. W. BURMESTER M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 5/19/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal A		23b. DATE 5-20-57		23c. NAME OF CEMETERY OR CREMATORY Jerseyville		23d. LOCATION (City, town, or county) (State) Ill.	
24. FUNERAL DIRECTOR ADDRESS JACOBY BROS. Jerseyville, Ill.			25. DATE RECD. BY LOCAL REG. MAY 20 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith MO		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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-56Health, Welfare
Public
Service

1957-1 & 190

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: *Kenn Bronoff*

Licensed Embalmer No. 4

P. O. Address: *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.