

AMENDED

Filed in District JUN 7 1961 Primary Registration District No. 3061 Registrar's No. 208

STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River		Length of stay in 1b		c. CITY OR TOWN Desloge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fed. Divn. St. Joe Lead			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 709 N Main St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Noble Middle Oal Last Weitzel				4. DATE OF DEATH Month May Day 29 Year 1961									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 2, 1903		9. AGE (last birthday) 58		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Mining				10b. KIND OF BUSINESS OR INDUSTRY Lead Company		11. BIRTHPLACE (City and state or country) Desloge, Missouri				12. CITIZEN OF WHAT COUNTRY U S A			
13a. FATHER'S NAME Henry Weitzel (Dec)				13b. MOTHER'S MAIDEN NAME Armintha Roberts (Dec)				14. NAME OF HUSBAND OR WIFE Thelma Weitzel					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				17. INFORMANT Thelma Weitzel, Desloge, Mo.									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH D.O.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.) Crushed between Truck + Loading Dock									
20c. TIME OF INJURY Hour 10:10 a.m. Month, Day, Year MAY 29 1961		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) POWDE HOUSE DOCK		20f. CITY, TOWN, OR LOCATION FEDERAL MINES FLAT RIVER, ST. FRANCOIS, MO.		COUNTY		STATE			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 10:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Ted Boyer, Coroner						22b. ADDRESS Bonne Terre, Mo.			22c. DATE SIGNED 5-31-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/1/1961		23c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. Park		23d. LOCATION (City, town, or county) (State) St. Francois Co, Missouri							
24. FUNERAL DIRECTOR C.Z. Boyer & Son, Inc.				ADDRESS Desloge, Mo		25. DATE RECD. BY LOCAL REG. May 31 1961		26. REGISTRAR'S SIGNATURE Ether Rudloff					

JUN 7 1961

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 B. T. Boyer

Licensed Embalmer No. 3444

P. O. Address Sealoye

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.