MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB

AMENDED FILED NOV 26 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11102 STATE FILE NUMBER -62-045057

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 7 1/2 Mo.

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hosp. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4540 Lindell Blvd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Rt. Rev. Msgr. Middle FREDERICK Last A. WEKENMAN

4. DATE OF DEATH Month Nov. Day 17, Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/15/1880

9. AGE (last birthday) 82 — 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) Priest

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and state or country) Casey, Ill.

12. CITIZEN OF WHAT COUNTRY USA.

13a. FATHER'S NAME Charles W. Wekenman

13b. MOTHER'S MAIDEN NAME Emma Bertsch

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT T. J. Kerins 9312 Carbon Ill. Address Belleville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Art. sclerotic cardio vasc disease — INTERVAL BETWEEN ONSET AND DEATH unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Diabetes mellitus — 15 yrs

DUE TO (c) 260XH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of sectum, resection 11-6-62

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 May 15, 1962, to 11-17-62 and last saw ~~her~~ him alive on 11-17-62

Death occurred at 2:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wayne O Gorham

22b. ADDRESS 100 No Euclid

22c. DATE SIGNED 11-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 11/20/62

23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cme.

23d. LOCATION (City, town, or county) (State) Belleville, Ill.

24. FUNERAL DIRECTOR ADDRESS Brichler Funeral Home 2218 State East St. Louis, Ill

25. DATE RECD. BY LOCAL REG. NOV 19 1962

26. REGISTRAR'S SIGNATURE Joan Smith. M.D.

60111

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 Frank Prakopf

Licensed Embalmer No. 4356

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.