



Martin O. Weddington Papers.

## **Copyright Notice:**

This material may be protected by copyright law (U.S. Code, Title 17). Researchers are liable for any infringement. For more information, visit [www.mnhs.org/copyright](http://www.mnhs.org/copyright).

ST. PAUL BUREAU OF HEALTH  
ALTERED: 7-26-71 L. Richter  
BASIS: affid.  
LOCAL FILE NUMBER

MINNESOTA DEPARTMENT OF HEALTH  
Section of Vital Statistics  
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED - NAME FIRST MIDDLE LAST <b>WILLIAM WEDDINGTON</b>			2. SEX <b>Male</b>	3. DATE OF DEATH MONTH DAY YEAR <b>7-12-71</b>		
4a. AGE (IN YEARS LAST BIRTHDAY) <b>-77-76</b>	4b. UNDER ONE YEAR MONTHS DAYS HOURS MINUTES	5. DATE OF BIRTH MONTH DAY YEAR <b>10-29-94</b>		6. RACE <b>Negro</b>	7. COUNTY OF DEATH <b>Ramsey</b>	
7b. LOCATION OF DEATH (CITY, VILLAGE OR TOWNSHIP) <b>St. Paul</b>			7c. INSIDE CORPORATE LIMITS SPECIFY YES OR NO <b>Yes</b>	7d. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Willows Nursing Home</b>		
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Kansas</b>		9. CITIZEN OF WHAT COUNTRY <b>USA</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPECIFY <b>Widowed</b>		11. SPOUSE - NAME <b>Deceased</b>
12. WAS DECEASED EVER IN U.S. ARMED FORCES SPECIFY YES OR NO <b>No</b>		13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Butcher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Packing House</b>
15a. RESIDENCE - STATE <b>600 Minn.</b>		15b. COUNTY <b>Ramsey</b>		15c. CITY, VILLAGE OR TOWNSHIP <b>St. Paul</b>		15d. INSIDE CORPORATE LIMITS SPECIFY YES OR NO <b>Yes</b>
16a. FATHER - NAME <b>Unknown</b>		16b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Unknown</b>		17. ADDRESS OF DECEDENT STREET AND NUMBER POST OFFICE <b>959 Carroll Ave. St. Paul, Minn.</b>		
18a. MOTHER - MAIDEN NAME <b>Unknown</b>		18b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Unknown</b>		19. INFORMANT - NAME ADDRESS <b>Martin O. Weddington 714 Central</b>		
20. PART I - DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (A), (B) AND (C)) A. IMMEDIATE CAUSE <b>pneumonia</b> B. DUE TO, OR AS A CONSEQUENCE OF <b>weakness - generalized</b> C. DUE TO, OR AS A CONSEQUENCE OF <b>pre-existing cerebral vascular disease</b> IF DIAGNOSIS DEFERRED CHECK BOX <input type="checkbox"/> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
PART II OTHER SIGNIFICANT CONDITIONS <b>multiple denture</b> 21a. AUTOPSY SPECIFY YES OR NO <b>NO</b> 21b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						
22a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED SPECIFY IF DEFERRED CHECK BOX <input type="checkbox"/>			22b. DATE OF INJURY MONTH DAY YEAR HOUR		22c. INJURY AT WORK SPECIFY YES OR NO	
22d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)			22e. LOCATION STREET OR RFD. NUMBER CITY, VILLAGE OR TOWNSHIP COUNTY STATE			
22f. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 20)						
23a. CERTIFICATION - PHYSICIAN I attended the deceased from _____ to _____ and last saw him/her alive on _____. (I did, did not) view the body after death. Death occurred at _____ M. at the place and time and on the date stated above and to the best of my knowledge due to the causes stated.			23b. CERTIFICATION - MEDICAL EXAMINER OR CORONER On the basis of the examination of the body and/or the investigation, in my opinion death occurred at _____ M. on the date and due to the causes stated above. The decedent was pronounced dead on _____ at _____ M.			
23c. PHYSICIAN - SIGNATURE <b>John M. Burns M.D.</b>			23d. MEDICAL EXAMINER OR CORONER - SIGNATURE			
23e. PHYSICIAN - NAME (TYPE OR PRINT) <b>John M. Burns, M.D.</b>			23f. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT)			
23g. MAILING ADDRESS PHYSICIAN, MEDICAL EXAMINER OR CORONER <b>311 Central Medical Bldg. St. Paul, Minnesota 55104</b>						23h. DATE SIGNED MONTH DAY YEAR <b>7 23 1971</b>
24a. BURIAL, CREMATION, REMOVAL SPECIFY <b>Burial</b>		24b. CEMETERY OR CREMATORY - NAME <b>National Cemetery</b>		24c. LOCATION (CITY, VILLAGE OR COUNTY) (STATE) <b>Fort Snelling, Minn.</b>		
24d. DATE OF BURIAL, CREMATION OR REMOVAL MONTH DAY YEAR <b>7/19/71</b>		25a. FUNERAL HOME - NAME <b>Alexander Hyde Park Chapel</b>		25b. FUNERAL HOME - ADDRESS <b>400 N. Oxford St.</b>		
26a. DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR <b>JUL 23 1971</b>		26b. LOCAL REGISTRAR - SIGNATURE <b>Lillian Richter</b>		27. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE <b>Ben Alexander</b>		

I hereby certify that the above is a true and correct copy of the official record on file with the Bureau of Health of the City of Saint Paul, Minnesota.

Any alterations shown were made under the authority of the Minnesota Statute 144.172 and the regulations of the State Board of Health.

(Signed) Cheryl Charpentier, this 27 day of July 1971.  
Deputy Registrar

becomes  
permanent  
record  
properly  
dated,  
or use  
monent

MINNESOTA DEPARTMENT OF HEALTH  
Section of Vital Statistics  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEASED - NAME <b>Helen Weddington</b>			2. SEX <b>F.</b>	3. DATE OF DEATH MONTH DAY YEAR <b>Apr. 18 1970</b>			
4a. AGE (IN YEARS LAST BIRTHDAY) <b>70</b>	4b. UNDER ONE YEAR MONTHS DAYS <b>4-20-1899</b>	4c. UNDER ONE DAY HOURS MINUTES	5. DATE OF BIRTH MONTH DAY YEAR <b>4-20-1899</b>		6. RACE <b>Black</b>	7a. COUNTY OF DEATH <b>Ramsey</b>	
7b. LOCATION OF DEATH (CITY, VILLAGE OR TOWNSHIP) <b>St. Paul, Minn.</b>			7c. INSIDE CORPORATE LIMITS SPECIFY YES OR NO <b>yes</b>		7d. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Our Lady of Good Counsel Home</b>		
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Kansas</b>		9. CITIZEN OF WHAT COUNTRY <b>USA</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPECIFY <b>Married</b>		11. SPOUSE - NAME <b>William Weddington</b>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES SPECIFY YES OR NO <b>No</b>		13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Housewife</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
15a. RESIDENCE - STATE <b>Minnesota</b>		15b. COUNTY <b>Ramsey</b>		15c. CITY, VILLAGE OR TOWNSHIP <b>St. Paul</b>		15d. INSIDE CORPORATE LIMITS SPECIFY YES OR NO <b>Yes</b>	
16a. FATHER - NAME <b>Unknown</b>		16b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Unknown</b>		17. ADDRESS OF DECEDENT STREET AND NUMBER POST OFFICE <b>959 Carroll St. Paul, Minn.</b>			
18a. MOTHER - MAIDEN NAME <b>Lula Price</b>		18b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Kansas</b>		19. INFORMANT - NAME ADDRESS <b>W. Weddington 959 Carroll Ave.</b>			
20. PART I - DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (A), (B) AND (C)) A. IMMEDIATE CAUSE <b>Cachexia, Inanition, Malnutrition</b>						IF DIAGNOSIS DEFERRED CHECK BOX <input type="checkbox"/>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>2mo</b>
B. DUE TO, OR AS A CONSEQUENCE OF <b>Carcinomatosis</b>							<b>1yr</b>
C. DUE TO, OR AS A CONSEQUENCE OF <b>Carcinoma Sigmoid Colon &amp; Rectum</b>							<b>5yr</b>
PART II OTHER SIGNIFICANT CONDITIONS						21a. AUTOPSY SPECIFY YES OR NO <b>No</b>	21b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
22a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED SPECIFY <b>IF DEFERRED CHECK BOX <input type="checkbox"/></b>			22b. DATE OF INJURY MONTH DAY YEAR HOUR			22c. INJURY AT WORK SPECIFY YES OR NO	
22d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)			22e. LOCATION STREET OR RFD NUMBER CITY, VILLAGE OR TOWNSHIP COUNTY STATE				
22f. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 20)							
23a. CERTIFICATION - PHYSICIAN I attended the deceased from <b>Mar. 25, 1970</b> to <b>Apr. 18, 1970</b> and last saw him/her alive on <b>Apr. 16, 1970</b> (and, did not view the body after death. Death occurred at <b>5:10 AM</b> at the place and time and on the date stated above and to the best of my knowledge due to the causes stated.				23b. CERTIFICATION - MEDICAL EXAMINER OR CORONER On the basis of the examination of the body and/or the investigation, in my opinion death occurred at _____ M., on the date and due to the causes stated above. The decedent was pronounced dead on _____ at _____ M.			
23c. PHYSICIAN - SIGNATURE <b>W. H. Thalhuber M.D.</b>				23d. MEDICAL EXAMINER OR CORONER - SIGNATURE			
23e. PHYSICIAN - NAME (TYPE OR PRINT) <b>Wayne H. Thalhuber, M. D.</b>				23f. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT)			
23g. MAILING ADDRESS PHYSICIAN, MEDICAL EXAMINER OR CORONER <b>2076 St. Anthony Avenue, St. Paul, Minn.</b>				23h. DATE SIGNED MONTH DAY YEAR <b>Apr. 18 1970</b>			
24a. BURIAL, CREMATION, REMOVAL SPECIFY <b>Burial</b>		24b. CEMETERY OR CREMATORY - NAME <b>National Cemetery</b>		24c. LOCATION (CITY, VILLAGE OR COUNTY) (STATE) <b>Fort Snelling, Minn.</b>			
24d. DATE OF BURIAL, CREMATION OR REMOVAL MONTH DAY YEAR <b>4/22/70</b>		25a. FUNERAL HOME - NAME <b>Alexander Hyde Park Chapel</b>		25b. FUNERAL HOME - ADDRESS <b>400 North Oxford St.</b>			
26a. DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR <b>APR 21 1970</b>		26b. LOCAL REGISTRAR - SIGNATURE <b>[Signature]</b>		27. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE <b>[Signature]</b>			

I hereby certify that the above is a true and correct copy of the official record on file with the Bureau of Health of the City of Saint Paul, Minnesota.

Any alterations shown were made under the authority of the Minnesota Statute 144.172 and the regulations of the State Board of Health.

(Signed) Grace Zelinski, this 22 day of Apr 1970.  
Deputy Registrar

SIGNATURE OF SUB REGISTRAR

19

BURIAL OR REMOVAL PERMIT ISSUED

WILLOWS CONVALESCENT CENTER INC.  
420 Marshall Avenue  
St. Paul, Minn. 55102

July 21, 1971

Mrs. Weddington

In regard to your fathers bill -

Check due us for	9.50 = Bal. due from June
	147.00 - June physical therapy
	198.00 Care July 12 days
	56.00 July physical therapy
	<u>410.50</u>

I also have the  
Aug bill -

due Harold for medication  
from 6/2/71 until 7/8/71 173.80

I have the itemized bill here - please remit.

Thank You

Mrs. Gralle

St Paul Willows



Phone: 644-0733

# *Alexander Hyde Park Chapel*

400 No. Oxford Street ♦ St. Paul, Minnesota 55104

Date July 29, 1971

Mr. Martin O. Weddington, Sr.

714 West Central Avenue

St. Paul, Minnesota 55104

Professional Services Rendered Mr. William Weddington

---

Casket & Service	825.00
Escort Service	24.00
Minister	10.00
Organist-Soloist	10.00
Newspaper Notices	15.60
Certified Copies of Death (5)	10.00

---

TOTAL . . . . . \$894.60

*Martin O. Weddington*

714 West Central Avenue  
Saint Paul 4, Minnesota

*Martin O. Weddington*

714 West Central Avenue  
Saint Paul 4, Minnesota