

FILED AUG 5 1948

State File No. \_\_\_\_\_

Registration District No. 310Primary Registration District No. 3058Registrar's No. 139

## 1. PLACE OF DEATH:

(a) County St Charles  
 (b) City or town St Charles  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St Joseph Hospital (1)  
 (If not in hospital or institution, write street number or location)  
3 days  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
83 years years, months or days)

3. (a) PRINT FULL NAME Caroline Weber

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Charles Weber 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased November 24 1864  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 8 20 hr. min.

9. Birthplace St Charles No. 0  
 (City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business Home

12. Name Ernst Pell

13. Birthplace St Charles No. 0  
 (City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Steerner

15. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant Carl Weber I.

(b) Address Portage Des Sioux Mo.

17. (a) Burial (b) Date thereof July 16 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orchard Farm No.

18. (a) Signature of funeral director Nachtmann Bane

(b) Address 326 No. 6th St. St Charles Mo

19. (a) July 26 1948 Bane (Registrar's signature) 1861  
 (Date received local registrar)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles 92  
Portage Des Sioux Mo 4  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 1  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13<sup>th</sup>  
 year 1948 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 7<sup>th</sup> 1948 to July 13<sup>th</sup> 1948  
 that I last saw him alive on July 12<sup>th</sup> 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Partial obstruction of the bowel. Duration 5 days  
Due to carcinoma of the splenic flexure of the colon. 13.000

Other conditions: 6  
 (Include pregnancy within 3 months of death)

Major findings: W.C.  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1

Signature C. A. Baird (M. D. or other)

Address St Charles, Mo Date signed 7/19/48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed Aug 2 1948

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.....

*Fredric W. Bane*, Registered Apprentice No. *510*  
working under my personal supervision.

Signed *Arthur C. Bane*  
Licensed Embalmer No. *3151*  
P. O. Address *St Charles, 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 this body is not embalmed, fact should be so stated above.