

No. 10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34822

FILED NOV 6 1948
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9183

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57
(c) City or town TR Silex 9
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Florence U. Weber

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 9

6. (b) Name of husband or wife Unavailable 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 27 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Corso Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Edward Uptegrove

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hammett

15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Hall

(b) Address Elsberry, Mo.

17. (a) Burial (b) Date thereof 10-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Mo.

18. (a) Signature of funeral director McCoy Funeral Home.

(b) Address 1048 Troy, Missouri.

19. (a) OCT 24 1948 (b) J. B. J. J. J.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
year 1948 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 10 1948 to Oct 20 1948
that I last saw him alive on Oct 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death abdominal carcinoma
gastric carcinoma

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration _____
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 0

23. Signature Joseph E. Carney (M. D. or other) MD
Address 1906 Olive St Date signed 10-24-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Gustav W. Dietel*

Licensed Embalmer No. *4379*

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