

FILED JAN 25 1949.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2398

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 200	
b. CITY OR TOWN Farmington <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN St. Louis (Unknown whether City or County). 7 <small>(If outside corporate limits, write RURAL and give township)</small>	
c. LENGTH OF STAY (In this place) 6 mos. 23 days		d. STREET ADDRESS Unknown. <small>(If rural, give location)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			

3. NAME OF DECEASED (Type or Print)	a. (First) EMILY	b. (Middle) JULIA	c. (Last) WEBER	4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1949
-------------------------------------	------------------	-------------------	-----------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 14, 1866	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR 8 Months	IF UNDER 1 YEAR Days 20	IF UNDER 24 HRS. Hours Min.
---------------	------------------------	--	---------------------------------	------------------------------------	--------------------------	-------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Brooklyn, New York	12. CITIZEN OF WHAT COUNTRY? U. S.A.
---	--	--	--------------------------------------

13a. FATHER'S NAME William Rembler	13b. MOTHER'S MAIDEN NAME Augusta Meyer	14. NAME OF HUSBAND OR WIFE Henry Weber
------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hospital No. 4, Farmington, Mo.
---	------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 das. 10 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease = DUE TO (c) 42011		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis - Unk.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Dec. 20, 19 48, to Jan. 4, 19 49, that I last saw the deceased alive on Jan. 4, 1949, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. A. Bremer M.D.	23b. ADDRESS State Hospital No. 4, Farmington, Mo.	23c. DATE SIGNED No. 1-5-49
--	--	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Jan. 6, 1949	24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum & Calumborium	24d. LOCATION (City, town, or county) (State) St. Charles Rock Road, St. Louis County, Mo.
---	------------------------	---	--

DATE REC'D BY LOCAL REG. 1-6-1949	REGISTRAR'S SIGNATURE Esther Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenheim Bros., 6409 Gravois, St. Louis, Mo.
-----------------------------------	--------------------------------------	---

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

94
0
0

RECEIVED

Public Health Officer No. 4
File Number 149-129
Date Filed 1-24-49

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.

Signed Ruel Doyal

Signed _____
Student Embalmer

Licensed Embalmer No. 4170

P. O. Address Lairney Co 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.