

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17792

State File No. 4526

BIRTH NO. 25931-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ans</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis MO</u> c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>17</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony</u>		d. STREET ADDRESS (If rural, give location) <u>15 - 4448 Minnisota</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richert</u> b. (Middle) <u>Lee</u> c. (Last) <u>Weber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-21-1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Sing</u>	8. DATE OF BIRTH <u>4-27-1949</u>	9. AGE (In years last birthday) <u>3Weeks</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>	

13a. FATHER'S NAME <u>Frank L Weber</u>	13b. MOTHER'S MAIDEN NAME <u>Lorain R Gardner</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Frank L Weber</u>	ADDRESS <u>4448 Minnisota</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intoxication</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Voluntary + sleep - when awake</u> DUE TO (c) <u>Premature infant</u>		<u>1 day</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			<u>3 1/2 weeks</u>

19a. DATE OF OPERATION <u>5/21/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>as above</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>159</u>
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? <u>7735</u>

22. I hereby certify that I attended the deceased from 4/27, 1949, to 5/21, 1949, that I last saw the deceased alive on 5/21, 1949, and that death occurred at 4:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter T. [Signature]</u>	23b. ADDRESS <u>5003 A [Address]</u>	23c. DATE SIGNED <u>5/22/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-23 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>
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DATE REC'D BY LOCAL REG. <u>MAY 23 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wingbermuehle</u>	ADDRESS <u>3819 S Grand Blvd</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4526

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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.