

FILED SEP 12 1949

#99643

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28663

State File No.

BIRTH NO.

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **7656**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		b. COUNTY 600	
c. LENGTH OF STAY (in this place) 46 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) 6 OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 2408 Euclid	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) CHARLES	b. (Middle) M	c. (Last) WEBER	Sept. 2nd, 1949		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 9, 1886	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER		10b. KIND OF BUSINESS OR INDUSTRY TAVERN		11. BIRTHPLACE (State or foreign country) St. Louis MO. D	
13a. FATHER'S NAME CHAS. WEBER		13b. MOTHER'S MAIDEN NAME CARRIE LINDER		14. NAME OF HUSBAND OR WIFE EDITH	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs Carrie White	ADDRESS 7201 Mapleville
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laennec Cirrhosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 124th
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5811

22. I hereby certify that I attended the deceased from **July 18, 1949**, to **Sept. 2nd, 1949**, that I last saw the deceased alive on **Sept. 2nd, 1949**, and that death occurred at **2:30am**, from the causes and on the date stated above.

23a. SIGNATURE John W. ...	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 9/2/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Sept 5, 49	24c. NAME OF CEMETERY OR CREMATORY CALVARY
24d. LOCATION (City, town, or county) (State) St. Louis		

DATE REC'D BY LOCAL REG. SEP 4 1949	REGISTRAR'S SIGNATURE G. B. ...	25. FUNERAL DIRECTOR'S SIGNATURE Carlton Kelly	ADDRESS 4386 Lindell Pl
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student
Student Embalmer

Signed

James A. Lammers

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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