

STANDARD CERTIFICATE OF DEATH

FILED MAR 10 1950

State File No. 68271
1843

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. LENGTH OF STAY (In this place)			
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				d. STREET ADDRESS (If rural, give location) Rural Route #2			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) M.		c. (Last) Weber	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1950	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Poultry Farmer		10b. KIND OF BUSINESS OR INDUSTRY Duck Farmer		8. DATE OF BIRTH Mar. 13, 1893		9. AGE (In years last birthday) Months Days 56	
11. BIRTHPLACE (State or foreign country) Woburn, Mass.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Weber		13b. MOTHER'S MAIDEN NAME Dina Meyer		14. NAME OF HUSBAND OR WIFE Helen I. Weber, Lake Villa			
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 Helen I. Weber, Lake Villa, Ill.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hemothorax Laceration left lung suffered in collision on Highway #66 near Mitchell Ill. Madison County between Plymouth automobile operated by Garland Nagopian and truck driven by Fred Taugher and Howard automobile driven by Mrs. Weber II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Lung Weber about 330 pm July 22 1950 817				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE E 816 Ill			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 22 50 330 p.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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 800A m., from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) Patrick E. Taylor Cor.				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 2-24-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/25/50		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Chicago, Ill.	
DATE RECD. BY LOCAL REG. Feb 25 1950		REGISTRAR'S SIGNATURE J. B. Sarator		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. Stock, 2117 E. Grand Ave.			

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

MAR 10 1950

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.