

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

25467  
 State File No. 5524

FILED JUL 13 1951

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY 2				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 59 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton 4820				
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Alexian Bros. Hosp.				d. STREET ADDRESS (If rural, give location) 8600 Ivy Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) Anthony b. (Middle) H. c. (Last) Weber			4. DATE OF DEATH (Month) (Day) (Year) June 17, 1951					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 12, 1891		9. AGE (to years last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman			10b. KIND OF BUSINESS OR INDUSTRY Cupples Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Stephen Weber			13b. MOTHER'S MAIDEN NAME Louise Ashoff			14. NAME OF HUSBAND OR WIFE Emma L. Rade		
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. 489-01-5304		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leona Geoghegan, 8600 Ivy, Affton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial hypertensive DUE TO (c) left side Hemiplegia  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia vulgaris					INTERVAL BETWEEN ONSET AND DEATH 1 day 3 yrs 2 yrs 1 yr.	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? X				
22. I hereby certify that I attended the deceased from Jan, 1950, to June 17, 1951, that I last saw the deceased alive on June 16, 1951, and that death occurred at 12:45 A.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) George A. O'Sullivan M.D.				23b. ADDRESS 421 W. Schirmer		23c. DATE SIGNED 6-18-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 19, 1951	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 19 1951 J. B. Faraker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.						

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

Dr. Geo. O'Sullivan  
P.L. 1242 1-3 afternoon.  
P.R. 1000 Rm 4219. Dehormine

**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 *Arthur W. Dietrich*

Licensed Embalmer No. *4329*

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.