

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33878

OCT 9 1952

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6077</u>		Registrar's No. <u>51</u>		
1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>				
b. CITY OR TOWN <u>RURAL BEAUVIOTS TS.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>0950</u> <u>RURAL BEAUVIOTS TS.</u>		d. STREET ADDRESS (If rural, give location) <u>RIVER AUX VASES MO STA. ROAD</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BEAUVIOTS TS.</u>								
3. NAME OF DECEASED a. (First) <u>NICHOLAS</u> b. (Middle) <u>ANDREW</u> c. (Last) <u>WEBER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 30 1952</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 11 1880</u>	9. AGE (in years last birthday) <u>71</u>	# UNDER 1 YEAR Months _____	# UNDER 6 WKS. Days _____	Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>RIVER AUX VASES MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>NICHOLAS WEBER</u>		13b. MOTHER'S MAIDEN NAME <u>FROVA SIEBERT</u>		14. NAME OF HUSBAND OR WIFE <u>ROSIE LIPP</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Weber River Aux Vases Mo</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5-10 min</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input 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) <u>4201</u>				
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? _____				
22. I hereby certify that I attended the deceased from <u>June 1951</u> , to <u>30 Sept, 1952</u> , that I last saw the deceased alive on <u>20 Sept, 1952</u> and that death occurred at <u>4:45 PM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Joseph F. L. Krentz MD</u>				23b. ADDRESS <u>St. Mary's Hosp.</u>		23c. DATE SIGNED <u>2 Oct 52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 3 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART CEM. OZORA</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>		
DATE REC'D BY LOCAL REG. <u>Oct 4, 1952</u>		REGISTRAR'S SIGNATURE <u>Person M. Karl</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Butler Sr. Genevieve Mo</u>		ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 22 1938

**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 Adrian J. Etkin

Licensed Embalmer No. 4740

P. O. Address Ste Genevieve, 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.