

No. 300  
10-48  
Dr. Weinsburg 506 Gravois  
SI 2959 / - 330

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

STANDARD CERTIFICATE OF DEATH

State File No. **40848**  
Registrar's No. **10593**

FILED DEC 2 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2169</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firman-Desloge Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>16 3450 Magnolia Ave</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sophie</b> b. (Middle) c. (Last) <b>Weber</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 15 1952.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>11-4-1872</b>
9. AGE (In years last birthday) <b>80</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>George Kuhn</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Ruehling</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Louis Weber</b>		ADDRESS <b>4441 Tart Ave</b>	
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* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Occlusion</b> DUE TO (c) <b>Arteriosclerosis Sclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>3 days</b> <b>yr.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <b>St. Louis, Mo.</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>4:20</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>	
22. I hereby certify that I attended the deceased from <b>Nov 12, 1952</b> , to <b>Nov 15, 1952</b> , that I last saw the deceased alive on <b>Nov 15, 1952</b> , and that death occurred at <b>10:30 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. Ameyera</b>		23b. ADDRESS <b>539 N. Grand</b>	
23c. DATE SIGNED <b>11/17/52</b>		23d. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-18-1952</b>	
24c. LOCATION (City, town, or county) (State) <b>7901 Gravois Ave Mo.</b>		24d. FUNERAL DIRECTOR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	
DATE REC'D BY LOCAL REG. <b>NOV 18 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>E. P. (Licensed Embalmer's Statement on Reverse Side)</b>		ADDRESS <b>6409 Gravois Ave</b>	

*Rev. Augustus W. ...  
801 ...*

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Yves M. Simon* .....

Licensed Embalmer No. *4343* .....

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.**