

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8057**
Registrar's No. **1875**

FILED MAR 11 1953

BIRTH NO. _____ 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 MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 2 DAYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 2249	
		d. STREET ADDRESS (If rural, give location) 24 3543 WISCONSIN	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) HARRY		b. (Middle) W.	
c. (Last) WEBER		FEBRUARY 15, 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APR. 21 1888
9. AGE (In years last birthday) 64		10. KIND OF BUSINESS OR INDUSTRY VALLEY SHOE CO.	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCH MAN		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ALBERT WEBER		13b. MOTHER'S MAIDEN NAME ELIZABETH CLINE	
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) NO		16. SOCIAL SECURITY NO. 498-01-2316	
17. INFORMANT'S SIGNATURE OR NAME WILLIAM WEBER		ADDRESS 3620 S. BROADWAY	
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) Amnobaragic cystitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic pyelonephritis 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 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? 6.000.			
22. I hereby certify that I attended the deceased from 2-13-53 , 19__, to 2-15-53 , 19__, that I last saw the deceased alive on 2-15-53 , 19__, and that death occurred at 8:15A m., from the causes and on the date stated above.			
23a. SIGNATURE Kathleen W. Kelly		23b. ADDRESS MO 1415 Lafayette	
23c. DATE SIGNED 2-16-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 18 1953	
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.	
DATE REC'D BY LOCAL REG. FEB 17 1953		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	
REGISTRAR'S SIGNATURE Carl Smith		ADDRESS 2406 Grandis	

(Licensed Embalmer's Statement on Reverse Side)

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 Leo J. Purde

Licensed Embalmer No. 3989

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.