

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20031

State File No. ....

4848

FILED JUN 1- 1953		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>4848</b>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before administration). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> Mo	c. LENGTH OF STAY (in this place) <u>5, Mo, 10</u> Days	c. CITY OR TOWN <u>St. Louis</u> Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>City, Infirmary Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2119 3225 Montgomery</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle)	c. (Last) <u>Weber</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 1 53</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>9-13-1888</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>64</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Austria-Hungary</u>	12. CITIZEN OF WHAT COUNTRY? <u>4</u>
13a. FATHER'S NAME <u>John Weber</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa ?</u>	14. NAME OF HUSBAND OR WIFE <u>Separated</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>4378NO. 486-12-4872</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>City Infirmary- #5800 Arsenal St.</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>Atherosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Atherosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years.</u>
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4200</u>		
22. I hereby certify that I attended the deceased from <u>1/16</u> , 19 <u>53</u> , to <u>5/1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/1</u> , 19 <u>53</u> , and that death occurred at <u>5:20PM</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Heary Osker, M.D.</u>		23b. ADDRESS <u>51600 Arsenal</u>	23c. DATE SIGNED <u>5/3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>MAY 13 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Quillen-Kelly 4386 Lindell</u>		

B.P. (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 at College of Mortuary Science Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Ralph W. Henson.....

Licensed Embalmer No. 2791.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.