

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24378

State File No. ....

FILED AUG 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Roark Twp. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Roark Twp. Rural</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		0370 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>9 mi. W. Hermann-Hiway J</u>		d. STREET ADDRESS (If rural, give location) <u>9 mi. W. of Hermann-Hiway J</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Augusta</u>	b. (Middle) <u>Caroline</u>	c. (Last) <u>Weber</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 16 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 5, 1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Aug. Baecker</u>	13b. MOTHER'S MAIDEN NAME <u>Theresa Frechmann</u>	14. NAME OF HUSBAND OR WIFE <u>George Weber</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert D. Slack</u>	ADDRESS <u>Hermann, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by hanging</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>Depression due to arteriosclerotic heart disease 5 yrs</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <u>974X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 19 47 to June, 1953, that I last saw the deceased alive on June 15, 1953, and that death occurred at 2 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Delma Selken MD</u> (Degree or title)	23b. ADDRESS <u>Hermann, Mo.</u>	23c. DATE SIGNED <u>7/17/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Weber Family Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermann, RFD Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/17/53</u>	REGISTRAR'S SIGNATURE <u>Delma Selken</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>492</u>	ADDRESS <u>Hermann, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
48  
70  
1

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 Chas. H. Pope.....

Licensed Embalmer No. 2552.....

P. O. Address Herrmann, 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.