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FILED AUG 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25749

State File No.....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Union</b>		c. CITY OR TOWN <b>Union</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>33yr</b>		f. STREET ADDRESS (If rural, give location) <b>217 N Mulberry</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>217 N Mulberry</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Anna</b>	b. (Middle) <b>Gertrude</b>	c. (Last) <b>Weber</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 15, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 15, 1872</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>0</b>	IF UNDER 2 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Neier, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Theodore Peirick</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Brune</b>	14. NAME OF HUSBAND OR WIFE <b>Alex Weber</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Conrad Weber</b>	ADDRESS <b>Union, Mo.</b>
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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, asthma, 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) <b>Left Ventricular Failure</b>		<b>6 mos.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerosis</b> <b>Myocardial Degeneration</b>		<b>15 years</b> <b>3 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cirrhosis of liver</b>			<b>10 years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4221</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Oct 19 49 to Aug 15, 19 55, that I last saw the deceased alive on 15 Aug 55, and that death occurred at 11 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. M. Richardson</b>	23b. ADDRESS <b>Union, Mo</b>	23c. DATE SIGNED <b>16 Aug 55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 18, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Union, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Aug 16-55</b>	REGISTRAR'S SIGNATURE <b>H T Popp 982</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harlow J. Launched</b>	ADDRESS <b>Union</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed..... *Harlan Johanneker*

Licensed Embalmer No. *448*

P. O. Address *Union*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.