

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35266  
State File No. \_\_\_\_\_  
Registrar's No. 8808

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		REGISTRAR'S NO. 8808					
1. PLACE OF DEATH a. COUNTY Missouri				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		c. LENGTH OF STAY (In this place) 1Y 17da		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Chronic Hospital				e. STREET ADDRESS (If rural, give location) 13 5600 Arsenal				21370			
3. NAME OF DECEASED (Type or Print) a. (First) Amelie			b. (Middle) Weber			c. (Last) _____					
4. DATE OF DEATH (Month) (Day) (Year) 10 7 1955			5. SEX Female			6. COLOR OR RACE white					
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow			8. DATE OF BIRTH 11/1/1868			9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Zimmermann				13b. MOTHER'S MAIDEN NAME Christina Biems				14. NAME OF HUSBAND OR WIFE Deceased			
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. None		17. INFORMANT'S SIGNATURE OR NAME Chronic Hospital, 5600 Arsenal					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH 5 days			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Hypertension of cardiovascular disease, Gen. arteriosclerosis				4 yrs.			
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?			
22. I hereby certify that I attended the deceased from 8/20/1954 to 10/7/1955, that I last saw the deceased alive on 10/7/1955, and that death occurred at 2:25 P.M., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) George M. Janaka, M.D.						23b. ADDRESS 5600 Arsenal			23c. DATE SIGNED Oct 8, 1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE 10/10/55			24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery			24d. LOCATION (City, town, or county) (State) Lemay 23, Mo		
DATE REC'D BY LOCAL REG. OCT 10 1955			REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE Pendler Und. Co.			ADDRESS 7420 Michigan Ave		

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.....  
Signature of Student Embalmer

Signed *W. G. Peterson*.....

Licensed Embalmer No. *376*

P. O. Address *7426*

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.