

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35267

State File No. ....

FILED NOV 15 1955

Registrar's No. 9083

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. ....		Registrar's No. 9083	
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) ST. LOUIS MO			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY Hosp.					e. STREET ADDRESS (If rural, give location) 17 2926 SIDNEY 2170				
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS			b. (Middle) F.		c. (Last) WEBER		4. DATE OF DEATH (Month) (Day) (Year) OCT. 17 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT 4 1898		9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST			10b. KIND OF BUSINESS OR INDUSTRY LEHMAN CO		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS			12. CITIZEN OF WHAT COUNTRY? U-S-A	
13a. FATHER'S NAME HENRY WEBER			13b. MOTHER'S MAIDEN NAME ELIZABETH TENGMAYER			14. NAME OF HUSBAND OR WIFE MARY WEBER			
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. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY WEBER 2926 SIDNEY				
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Infarct Chronic Endocarditis Rheumatoid Intestines DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ventricular Rhythm						INTERVAL BETWEEN ONSET AND DEATH 1 Day 8 hr 4 hr 2 1/2 hr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?				
22. I hereby certify that I attended the deceased from Oct 12, 1955, to Oct 17, 1955, that I last saw the deceased alive on Oct 17, 1955, and that death occurred at 11:40 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Martin J. Glaser					23b. ADDRESS 508 Olive St.			23c. DATE SIGNED 10/18/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE OCT. 20 1955		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO.			
DATE REC'D BY LOCAL REG. OCT 18 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Gravois				

B.P. (Licensed Embalmer's Statement on Reverse Side)

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

506 Olive  
CH. 1-5025  
1-3-72

**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 *Samuel E. Hill*

Licensed Embalmer No. *434*

P. O. Address *2906*

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.