

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39904

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10428**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes XX No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp		e. STREET ADDRESS (If rural, give location) 3945 Parker Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) P. c. (Last) Webber		4. DATE OF DEATH (Month) (Day) (Year) Nov 14 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) Married	8. DATE OF BIRTH June 12 1904
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Plumbing Supplies	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Paul Phillip Webber		13b. MOTHER'S MAIDEN NAME Augusta Gross	
14. NAME OF HUSBAND OR WIFE Jane Trimmer Webber			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-03-7381	
17. INFORMANT'S SIGNATURE OR NAME Jane Webber		ADDRESS 3945 Parker Ave	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) an ather DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Iron	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) M		21b. PLACE OF INJURY (e.g., in or about home, work, 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 <u>1954</u>, 19<u>54</u> to <u>Nov. 14</u>, 19<u>56</u> that I last saw the deceased alive on <u>Nov. 14</u>, 19<u>56</u> and that death occurred at <u>7:50 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE S. G. Wagner, MD		23b. ADDRESS 53-54 Side Hotel 24-34y	
23c. DATE SIGNED 11-15-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov 17 1956	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. NOV 15 1956		REGISTRAR'S SIGNATURE J. Earl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros		ADDRESS 2201 S. Grand Blvd	

3606 Gravels Ave

Rt. 2 7380

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 *Harvey Kahl*.....

Licensed Embalmer No. 4596

P. O. Address *St. Louis*.....

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.