THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

44065

FILED JAN 15 1957

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11828

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LOUIS MISSOURI CITY HOSPITAL — Length of stay in 1b 2019
d. STREET ADDRESS (If outside, give location) 7323 Minnesota — Reside on Farm Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY
c. CITY OR TOWN St Louis — Inside Limits Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First ALBERT Middle Last WEBER

4. DATE OF DEATH Month Day Year DECEMBER 23, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH 6-18-1884
9. AGE (In years last birthday) 72
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) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Ret.
11. BIRTHPLACE (City and state or country) St Louis
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Carl Weber
14. MOTHER'S MAIDEN NAME Louise Spahn

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. 492-05-1459
17. INFORMANT Violet Kunz Address 7323 Minnesota

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH 23 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Wound Evisceration — 24 Days
DUE TO (c) Subtotal Gastrectomy for Bleeding Ulcer — 28 Days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic Pulmonary Emphysema 5410

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/19/56, to 12/23/56 and last saw her/him alive on 12/23/56
Death occurred at 9:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edgar B. Tuttle MD
22b. ADDRESS 1515 LAFAYETTE AVE.
22c. DATE SIGNED 12/24/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/26/56
23c. NAME OF CEMETERY OR CREMATORY St. Trinity Luth.
23d. LOCATION (City, town, or county) (State) St Louis Co. Mo.

24. FUNERAL DIRECTOR JOS. P. FENDLER JR. ADDRESS 7128 MICHIGAN
25. DATE RECD. BY LOCAL REG. DEC. 26 1956
26. REGISTRAR'S SIGNATURE J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Queried: - duodenal ulcer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be accepted. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Kochou

Licensed Embalmer No. 30

P. O. Address 7128 Mi

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