

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1957

State File No. **5304** 1957  
Registrar's No. **15**

BIRTH NO. _____		REG. DIST. NO. <b>159</b>		PRIMARY REG. DIST. NO. <b>5590</b>		State File No. <b>5304</b> 1957		Registrar's No. <b>15</b>			
1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL BIG RIVER TWP</b>			c. LENGTH OF STAY (in this place) <b>83 yrs</b>		c. CITY OR TOWN <b>DITTMER 170 R.R.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Own Home</b>					e. STREET ADDRESS (If rural, give location) <b>DITTMER 170 R.R.</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>EMILE</b>			b. (Middle)		c. (Last) <b>WEBER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 13 57</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>MARCH 26-1874</b>		9. AGE (In years last birthday) <b>82</b>	If UNDER 1 YEAR Days <b>10</b>	If UNDER 24 HRS. Hours <b>17</b>	Min.		
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>DERMANN MO</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>August Kramme</b>			13b. MOTHER'S MAIDEN NAME <b>Marie Dittmer</b>			14. NAME OF HUSBAND OR WIFE <b>Gustave Weber</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>WALTER WEBER DITTMER MO RA 1</b>							
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, assthenia, etc. It means the disease, injury, or complication which caused death.					D MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis Sudden</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Senile Atherosclerosis</b>  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. <b>General Arteriosclerosis 1 1/2 yrs</b>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>						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) <b>2</b>							
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?							
22. I hereby certify that I attended the deceased from <b>June, 1955</b> , to <b>Feb-13, 1957</b> , that I last saw the deceased alive on <b>Jan-20, 1957</b> , and that death occurred at <b>4 2 - m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>W. E. Mitchell M.D.</b>					23b. ADDRESS <b>St. Clair Mo</b>			23c. DATE SIGNED <b>2/13-57</b>			
24a. BURIAL, CREMATION-REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2/15/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St MARTIN'S R. Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>DITTMER MO</b>						
DATE REC'D BY LOCAL REG. <b>2-15-57</b>		REGISTRAR'S SIGNATURE <b>Oliver S. ...</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Primmer Funeral Home House Springs Mo</b>						

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 18 1957.

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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.....  
*John H. Brumme*

Licensed Embalmer No. 1470

P. O. Address *Harry...*

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.