

FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

STATE FILE NUMBER

34290

8782

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

 Health,
Welfare
Public
Service
300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> , b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Home For the Aged INSTITUTION <u>3400 So. Grand.</u>		Length of stay in lb		STREET ADDRESS <u>3400 So. Grand Blvd.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>Webber</u> Last <u>Weber</u>			4. DATE OF DEATH Month <u>September</u> Day <u>17</u> Year <u>1957</u>		
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 30, 1888</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri,</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Faith,</u>			14. MOTHER'S MAIDEN NAME <u>Gertrude Kempf,</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Elmer C. Weber, 3705 Viking, Lemay, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Dis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>420.0</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Yes</u> <u>Yes</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>St. Louis, Mo</u>	
21. I attended the deceased from <u>Jan 1957</u> to <u>9/17/57</u> and last saw her <u>alive</u> on <u>9/15/57</u> Death occurred at <u>2:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Margaret M. Watson</u> (Degree or title)		22b. ADDRESS <u>8059 Watson Rd</u>		22c. DATE SIGNED <u>9/18/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		23b. DATE <u>9/20/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cemetery,</u>	
				23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u> (State)	
24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary,</u>		ADDRESS <u>2842 Meramec St.</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 19 57</u>	
				26. REGISTRAR'S SIGNATURE <u>J. Carl Am...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 me, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Foran E. Percy
Licensed Embalmer No. 46

P. O. Address St. Louis

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.