

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-031089

State File No. ....

FILED SEP 8 1958

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7541

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>ILL</u> b. COUNTY <u>MADISON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place) <u>10A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ALTON</u>		7120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14 JEWISH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>32 605 FORREST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED.</u>		b. (Middle) <u>C.</u>		c. (Last) <u>WEBER.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 1, 1958.</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED, <del>SEPARATED</del>		8. DATE OF BIRTH <u>APR 10, 1883.</u>		9. AGE (In years last birthday) <u>75.</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 WRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>REAL ESTATE</u>		11. BIRTHPLACE (State or foreign country) <u>MADISON CO. ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>PHILLIP WEBER</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA HARNISCH</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA WEBER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>346-28-9504</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Flannery Meyer</u>		ADDRESS <u>605 FORREST ALTON ILL</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying such as heart failure, asphyxiation, etc. (b) means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
		AN ANCEDENT CAUSES		DUE TO (b) <u>Cerebral Thrombosis</u>		<u>6 hrs</u>	
		DUE TO (c) <u>Arteriosclerosis</u>				<u>5-6 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary edema</u> <u>Diabetes Mellitus</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		332X		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)			
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>7/31</u> , 19 <u>58</u> , to <u>8/1</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>8/1</u> , 19 <u>58</u> , and that death occurred at <u>2:4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Murray Cheney, M.D.</u>				23b. ADDRESS <u>6223 Nat. Bridge</u>		23c. DATE SIGNED <u>8/1/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-4-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ALTON CITY</u>		24d. LOCATION (City, town, or county) (State) <u>ALTON ILL</u>	
DATE REC'D BY LOCAL REG. <u>AUG 4 '58</u>		REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Monroe Steiner</u>		ADDRESS <u>605 Forrest Alton Ill.</u>	

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

STATEMENT BY LICENSED EMBALMER

*Not Embalmed*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *George M. McHath* \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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 this body is not embalmed, fact should be so stated above.