

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034806
STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9217

5. 300
1-57

All diseases in Part I must be causally related. No symptoms were related.

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 Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital | | d. STREET ADDRESS (If outside, give location) 5624 Summit Pl. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last FRANK J. WEBER | | 4. DATE OF DEATH Month Day Year Sept. 23 1958 | |
| 5. SEX male 0 | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 10, 1889 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years) (If under 1 year, give birth day) 68 |
| 13a. FATHER'S NAME Ferdinand Weber | | 13b. MOTHER'S MAIDEN NAME Not Known | 12. CITIZEN OF WHAT COUNTRY? Hungary U.S.A. |
| 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. 189 07 8818a | 14. NAME OF HUSBAND OR WIFE Lena Marie Weber |
| 17. INFORMANT Lena Weber 5624 Summit Pl. | | 17. ADDRESS | |
| 18. CAUSE OF DEATH (Enter only one cause pertaining to (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Toxemia of Intestinal Obstruction</i> <i>Toxemia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cardio-Vascular disease</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>570-5</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i> |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 19. ADDRESS | |
| 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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION | | 20f. COUNTY STATE | |
| 21. I attended the deceased from <i>Sept 20 1958</i> to <i>Sept 23 1958</i> and last saw him alive on <i>Sept 22 - 1958</i> Death occurred at <i>9127</i> <i>3</i> <i>A</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <i>Henry A. Canale M.D.</i> | |
| 22b. ADDRESS <i>607 N. Grand</i> | | 22c. DATE SIGNED <i>9/25/58</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i> | | 23b. DATE <i>9/26/58</i> | |
| 23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i> | | 23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i> | |
| 24. FUNERAL DIRECTOR <i>Buchholz Mortuary 5967 W. Florissant</i> | | 25. DATE RECD. BY LOCAL REG. <i>SEP 25 '58</i> | |
| 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> <i>m8B</i> | | | |

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 *Richard A. Bergh*

Licensed Embalmer No. *4551*
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.