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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034807
STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9369

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 15 Lutheran Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: JeFFeRSON
c. CITY OR TOWN: 0500 High Ridge — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 29 — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Millie Middle: E. Last: WEBER
4. DATE OF DEATH: Month Sept. Day 27, Year 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 2
8. DATE OF BIRTH: April 4, 1881
9. AGE (In years last birthday): 77 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): 0 St. Louis county, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: unknown Goedeke
13b. MOTHER'S MAIDEN NAME: Louise unknown
14. NAME OF HUSBAND OR WIFE: Louis J. Weber (dec'd
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Walter Weber Address: High Ridge, Missouri

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): acute apoplexy left hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 9/17/58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension - chr. arteriosclerosis 1948
DUE TO (c): 334x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): congestion of lungs
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2
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 1941, to 9/27/58 and last saw her alive on 9/27/58
Death occurred at 1:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Eugene a Vogel MD 0
22b. ADDRESS: 3325 S Grand Bl
22c. DATE SIGNED: 9/27/58

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 9/29/58
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St. Louis, County Mo.

24. FUNERAL DIRECTOR: Kriegshauser ADDRESS: 4228 SoKingshighway
25. DATE RECD. BY LOCAL REG.: SEP 29 '58
26. REGISTRAR'S SIGNATURE: J Earl Smith MD
MRB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 .....

Licensed Embalmer No. 4537

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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