

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-013368

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 2928**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived) If in institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 19 days	c. CITY OR TOWN Jennings		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7441 Calvin Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last			4. DATE OF DEATH Month Day Year		
MARY J WEBER			March 11 1960		
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/28/1881	9. AGE (last birthday) 79 years	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Normandy, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Montaigne		13b. MOTHER'S MAIDEN NAME Elisa Fagin		14. NAME OF HUSBAND OR WIFE Harry C. Weber	
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.	17. INFORMANT Address Hazel Shocklee - 7441 Calvin Ave.		
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 Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH one day
DUE TO (b) Hypertensive Cardiovascular Renal Disease					one year
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured - surgical neck femur - left					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fall at home		
20c. TIME OF INJURY Hour Month, Day, Year 9 a.m. Feb 20 60	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.) at home	20f. CITY, TOWN, OR LOCATION Jennings	COUNTY St. Louis	STATE Missouri
21. I attended the deceased from Feb. 20, 1960 to March 11 and last saw ^{her} him alive on March 11 Death occurred at 6⁰⁰ A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Robert M. Louch, M.D.			22b. ADDRESS 52 Maryland Plaza		22c. DATE SIGNED 12 Mar 60
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE March 11, 1960	23c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cemetery		23d. LOCATION (City, town, or county) (State) Florissant Missouri	
24. FUNERAL DIRECTOR ADDRESS BUCHHOLZ MORT- 5967 W. Florissant Ave		25. DATE RECD. BY LOCAL REG. MAR 13 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2186

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal-supervision.

Student _____
Signature of Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.