RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 24 1960

60-013369
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2880

DED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LOUIS CITY HOSP. # 1 — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3225 No. Florissant — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mary Middle T. Last Weber

4. DATE OF DEATH Month 3 Day 10 Year 60

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 5-23-1887

9. AGE (last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Ireland

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Corley

13b. MOTHER'S MAIDEN NAME Bridget Collins

14. NAME OF HUSBAND OR WIFE The Late George Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Frances Devereux Address 3555 St. Christoph

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) Gastrointestinal bleeding

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Adenocarcinoma of rectum

DUE TO (c) 154X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple myeloma

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 2-9-60, to 3-10-60 and last saw her/him alive on 3-10-60

Death occurred at 5:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Francis J Carey MD

22b. ADDRESS 1515 LAFAYETTE

22c. DATE SIGNED 3-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-12-60

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Collier Mortuary, St. Ann, Mo.

25. DATE RECD. BY LOCAL REG. MAR 11 1960

26. REGISTRAR'S SIGNATURE Earl Smith M.D. D.P.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed Sheldon Collier

Signature of Student Embalmer

Licensed Embalmer No. 3382

P. O. Address St. Ann

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