

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

7082

-61-027470

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 8 1961

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b unknown		c. CITY OR TOWN St. Louis			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6949 Tholozan			
3. NAME OF DECEASED (Type or print) First Mabel Middle E. Last Weber				4. DATE OF DEATH Month 7 Day 29 Year 61					
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 12/30/91			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Lowell Massachusetts		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Joseph Wm. Rostron				13b. MOTHER'S MAIDEN NAME Elizabeth J. Standing		14. NAME OF HUSBAND OR WIFE Julius M.			
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. none		17. INFORMANT Donald L. Weber			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Liver metastatic DUE TO (b) Carcinoma of pancreas DUE TO (c) 157X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour 9:20 a.m. / p.m. Month, Day, Year				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.)				20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE			
21. I attended the deceased from past 10 years and last saw her 7/28/61 - 11 PM Death occurred at 9:20 A.M. on the date stated above, and to the best of my knowledge from the causes stated.				22a. SIGNATURE <i>Robert M. Helderle M.D.</i>				22b. ADDRESS 975 Woodside Park St. St. Louis	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal				23b. DATE 8/2/61		23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery			
24. FUNERAL DIRECTOR WACKER-HELDERLE				25. DATE RECD. BY LOCAL REG. JUL 31 1961		26. REGISTRAR'S SIGNATURE <i>Donald Smith, M.D.</i>			
23d. LOCATION (City, town, or county) St. Louis Co., Mo.				23e. DATE SIGNED 7/31/61					

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Pharma M. Belle
Licensed Embalmer No. 4375
P.O. Address St. Louis 3, Mo

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.