SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043253

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3334

FILED NOV 30 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6340 Wydown Blv'd. — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Clayton — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 6340 Wydown Blv'd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Randolph Middle H. Last Weber

4. DATE OF DEATH Month November Day 23 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married [X] Widowed [ ] Never Married [ ] Divorced [ ]

8. DATE OF BIRTH 11-26-1909

9. AGE (last birthday) 51 — 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) United States District

10b. KIND OF BUSINESS OR INDUSTRY Judge

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

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

13a. FATHER'S NAME Henry P. Weber

13b. MOTHER'S MAIDEN NAME Lillian Boelling

14. NAME OF HUSBAND OR WIFE Lila H. Weber

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

17. INFORMANT Address Lila H. Weber, 6340 Wydown, St. Loui

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) Coronary Thrombosis, Acute — INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 July 1, 1960, to Nov 23, 1961 and last saw her/him alive on Nov 23, 1961
Death occurred at 7:10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lin F. Beam M.D.

22b. ADDRESS 35 Lee Central - St Louis 5 Mo

22c. DATE SIGNED 11/23/61

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

23b. DATE 11-26-1961

23c. NAME OF CEMETERY OR CREMATORY Memorial Garden Cemetery

23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

24. FUNERAL DIRECTOR ADDRESS C. R. Lupton & Sons, St. Louis, Mo

25. DATE RECD. BY LOCAL REG. 11-24-61

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

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.