

DEC 20 AUG 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24756

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 716
 (c) City St. Joseph (d) Street No. 2228 South 14th St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Weber

(a) Residence, No. 2228 South 14, St. Joseph, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arnold Weber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 17, 1887</u>		
7. AGE <u>50</u>	YEARS	MONTHS <u>8</u>
		DAYS <u>28</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph, Missouri</u>	
	13. NAME <u>Charles Totham</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, England</u>	
MOTHER	15. MAIDEN NAME <u>Belle Gladman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, England</u>	
	17. INFORMANT <u>Arnold Weber</u> (ADDRESS) <u>2228 South 14, St. Joseph, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Auburn</u> DATE <u>July 12, 1938</u>	
	19. FUNERAL DIRECTOR <u>Walter Meierhoffer</u> (ADDRESS) <u>1302 Paragon St., St. Joseph, Mo.</u>	
	20. FILED <u>7/13 '38</u> <u>W. Neillbuck</u> Local Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from June 21, 38 to July 10, 1938
 I last saw her alive on 7/10/38 Death is said to have occurred on the date stated above, at 9:55a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Coronary Thrombosis Date of onset 6-21-38
9413-
 Other contributory causes of importance:
Coronary Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. C. Beck! M. D.
 (Address) Phys. & Surg. Bldg.,

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Wilber Kelly, Licensed Embalmer No. No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Wilber H. Kelly

Licensed Embalmer No. 3946

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.)