

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **24822**  
 6720

FILED AUG 12 1948

Registration District No. **318** Primary Registration District No. **100's** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital - Max C. Starkloff  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
 (Specify whether \_\_\_\_\_)  
 In this community 24 years  
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1806 Cole  
Memorial (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM WEBER  
 3. (b) If veteran, name war ---  
 3. (c) Social Security No. ---

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased September 6th  
 (Month) (Day) (Year)

8. AGE: Years 61-68 Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mississippi  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation OAA

11. Industry or business \_\_\_\_\_  
 12. Name Day Weber  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lydia Meyer  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant M. Renard  
 (b) Address St. Louis City Hospital  
Anatomical Board  
 17. (a) Anatomical Board (b) Date thereof JUL 31 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral home Howland Mortuary Service  
 (b) Address 4104 Manchester Ave.  
 19. (a) J. J. Madock (b) J. J. Madock  
 (Date received for burial) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 6th  
 year 1948 hour 2 minute 35 P. M.  
 21. I hereby certify that I attended the deceased from 7/5/48  
 \_\_\_\_\_, 19\_\_\_\_, to July 6th, 1948  
 that I last saw him alive on July 6th, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death astrosclerotic heart disease  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature J. J. Madock Date signed \_\_\_\_\_  
 Address \_\_\_\_\_

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

---

---

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**