

FILED JUL 7 1949 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22198

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6876 Registrar's No. 1432

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 # lymph node primary
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 # lymph node primary

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>12</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glasgow</u>	
c. LENGTH OF STAY (In this place) <u>52 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>W.</u> c. (Last) <u>WEBER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6/13/49</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, ¹ WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/23/14</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Core setter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Holt, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Henry Weber</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Merhoff</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Weber</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WORLD II</u>		16. SOCIAL SECURITY NO. <u>487039822</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EUGENE F. NOLAN, REGISTRAR</u> <u>VET. ADM. HOSP. JEFFERSON BARRACKS, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma</u>				INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>lymph node</u> DUE TO (c)				
		200 328				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4/21, 1949, to 6/13, 1949, that I last saw the deceased alive on 6/13, 1949, and that death occurred at 5:59 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold A. Franklin</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>V.A. HOSP. JEFF. BRKS. MO.</u>		23c. DATE SIGNED <u>6/13/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6-16-49</u>		REGISTRAR'S SIGNATURE <u>Franklin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service</u>	
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JUN 27 1954

JUL 18 1946

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
Student Embalmer

Signed

J. Allen Davis Jr

Licensed Embalmer No. *4053*

P. O. Address *St Louis 10, 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 this body is not embalmed, fact should be so stated above.