

State File No. **23016**

FILED AUG 10 1949

REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 3026 Registrar's No. 121

Registrar's No. 12

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY	Franklin.	a. STATE	Missouri
b. CITY (If outside corporate limits, write RURAL and give township)	Washington.	b. COUNTY	Franklin
c. LENGTH OF STAY (in this place)	27 days.	c. CITY (If outside corporate limits, write RURAL and give township)	Washington "Rural" St. John's
d. FULL NAME OF HOSPITAL OR INSTITUTION	St. Francis Hospital.	d. STREET ADDRESS (If rural, give location)	R. #2.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Regina		Weber		August	3rd.	1949

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 7th, 1884	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work.	10b. KIND OF BUSINESS OR INDUSTRY Own home.	11. BIRTHPLACE (State or foreign country) Krakow, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ferdinand Weber.	13b. MOTHER'S MAIDEN NAME Elizabeth Rolf.	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED (Yes, no, or unknown)	EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>August Heber</i>	ADDRESS Washington, D.C.
No.	X	None.		

<p>18. CAUSE OF DEATH</p> <p>Enter only one cause per line for (a), (b), and (c)</p> <p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peripheral Vascular Disease</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Arteriosclerosis</u></p> <p>DUE TO (c) <u>Diabetes mellitus</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><u>6 Mo.</u></p> <p><u>?</u></p> <p><u>?</u></p> <p><u>2 Mo. X</u></p>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE		(Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)		(COUNTY)		(STATE)	
21d. TIME OF INJURY		(Month)		(Day)		(Year)		(Hour)		21e. INJURY OCCURRED	
										21f. HOW DID INJURY OCCUR?	
										WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> AT WORK	

22. I hereby certify that I attended the deceased from 7/8, 1949, to 8/2, 1949, that I last saw the deceased alive on 8/2, 1949 and that death occurred at 1:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Michael S. Wapich, M.D.</i>	23b. ADDRESS <i>Washington, Mo</i>	23c. DATE SIGNED <i>8/4/89</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Aug 6 1949	St. Gertrude's Cemetery	Krakow,	Mo.

DATE REC'D BY LOCAL REG <i>June 5 1948</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Nichols & Vitt Inc.</i>	ADDRESS <i>Washington, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
AUG 8 1949
District Health Officer No. 9,
District File Number

APR 23 1953

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 Lester A. Velt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.