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FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35689

State File No. 9472

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri	
c. LENGTH OF STAY (in this place) 1 week		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine Heitkamp		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
		d. STREET ADDRESS (If rural, give location) 14- 6219 Arthur Ave.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Joseph	b. (Middle)	c. (Last) Weber	(Month) Nov.	(Day) 2	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 24 1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Perryville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours

13a. FATHER'S NAME Louis Weber		13b. MOTHER'S MAIDEN NAME Frances Renaud		14. NAME OF HUSBAND OR WIFE Anna Weber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. Yes		17. INFORMANT'S SIGNATURE OR NAME Anna Weber	
				ADDRESS 6219 Arthur Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 5-7-48
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior Myocardial Infarction	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 10-27	19b. MAJOR FINDINGS OF OPERATION Cholelithiasis Cholecystitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE St. Louis MO 94	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? F 202	

22. I hereby certify that I attended the deceased from 5-7, 1948, to 11-2, 1949, that I last saw the deceased alive on 11-2, 1949, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE P.B. Cappahos		(Degree or title) J	23b. ADDRESS 3284 Ironhill Ave		23c. DATE SIGNED 11-2-49
24a. BURIAL, CREMATION, OR OTHER (Specify)	24b. DATE Nov. 4, 1949	24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard	24d. LOCATION (City, town, or county) (State) Affton, Mo.		

DATE REC'D BY LOCAL REG. NOV 2	REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial Mort. 6464 Chippewa		
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

Dr. Cappel

Handwritten signatures and stamps, including a vertical stamp that appears to say "APPROVED" and a signature that looks like "Cappel".

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 *Harry J. Schumann*

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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