

FILED APR 10 1950

## STANDARD CERTIFICATE OF DEATH

11252

State File No. 3024

318

1003

3024

BIRTH NO. _____		REG. DIST. NO. _____		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). a. STATE Missouri b. COUNTY _____			
b. CITY OR TOWN St. Louis,		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis,		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine Heitkamp Hospital				d. STREET ADDRESS (If rural, give location) 4226 Dewey Ave. 0			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) J.		c. (Last) Weber		4. DATE OF DEATH (Month) (Day) (Year) March 30, 1950	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH March 14, 1886	
9. AGE (in years last birthday) 64		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY U.S. Government		11. BIRTHPLACE (State or foreign country) Belleville, Illinois /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Weber		13b. MOTHER'S MAIDEN NAME Margaret Dingus		14. NAME OF HUSBAND OR WIFE Anna Weber			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Anna Weber		ADDRESS 4226 Dewey	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary artery disease</i> 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.				INTERVAL BETWEEN ONSET AND DEATH	
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) 5810			
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? _____			
22. I hereby certify that I attended the deceased from <i>March 6</i> , 19 <i>50</i> , to <i>Mar. 30</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>Mar. 29</i> , 19 <i>50</i> , and that death occurred at <i>8:00A</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>J. B. Lancaster</i> (Degree or title) _____				23b. ADDRESS <i>1446 So. Grand</i>		23c. DATE SIGNED <i>3-31-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>4/1/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>SS. Peter and Paul Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>APR 31 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Lancaster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Gebken-Benz Mortuary</i>		ADDRESS <i>2842 Meramec St. St. Louis, 18 Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18 Mo.

WRITE PLAINLY—USING 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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Joe J. Benz*  
Licensed Embalmer No. 4249

Signed.....  
Student Embalmer

P. O. Address 2842 Meramec St.  
St. Louis, 18 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.