

11371

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300

10-48

FILED MAR 23 1950

BIRTH NO. _____		REG. DIST. NO. <b>317</b>	PRIMARY REG. DIST. NO. <b>3066</b>	Registrar's No. <b>649</b>
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. LENGTH OF STAY (in this place) <b>3 days</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>U.S. Marine Hospital</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		
		f. STREET ADDRESS (If rural, give location) <b>1319 Shawmut Place</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b>		b. (Middle) _____		c. (Last) <b>Weber</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 11 1950</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>July 20, 1884</b>
9. AGE (In years last birthday) <b>65</b>		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) <b>STATIONARY ENGINEER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>John Weber</b>		13b. MOTHER'S MAIDEN NAME <b>Elara Profit</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>W.W.I</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clinical Records, U.S. Marine Hosp. Kirkwood</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure due to</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo.</b>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		2 yrs+		
DUE TO (c) <b>Hypertensive Cardiovascular disease</b>		2 yrs +		
II. OTHER SIGNIFICANT CONDITIONS		Pulmonary edema due to circulatory disturbance		
Conditions contributing to the death but not related to the disease or condition causing death.		1 mo.		
19a. DATE OF OPERATION <b>X</b>		19b. MAJOR FINDINGS OF OPERATION <b>disturbance</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>X</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>443X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>X</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>X</b>
22. I hereby certify that I attended the deceased from <b>Mar. 8th 1950</b> , to <b>Mar. 11</b> , 1950, that I last saw the deceased alive on <b>Mar. 11, 1950</b> and that death occurred at <b>11:15 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>A. S. Lanier</b> (Degree or title) <b>A. S. LANIER, S. A. Surg.</b>			23b. ADDRESS <b>U.S. Marine Hosp., Kirkwood, Mo.</b>	
23c. DATE SIGNED <b>Mar. 11, 1950</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3/14/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CEM.</b>
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO. MO</b>				
DATE REC'D BY LOCAL OFF. <b>MAR 13 1950</b>		REGISTRAR'S SIGNATURE <b>Herbert K. Polonka</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. MULLEN UND. CO.</b> ADDRESS <b>576 S. DELMAR BL.</b>

(Licensed Embalmers' Statement on Reverse Side)

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

MAY 31 1950

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 A. G. Farris

Licensed Embalmer No. 33,84

P. O. Address St. Louis, 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.

MAY 31 1950