

5 No. 300  
EV. 10.48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18917  
Registrar's No. 1256

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Cook</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Normandy</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chicago</b>	
c. LENGTH OF STAY (in this place) <b>Unk.</b>		d. STREET ADDRESS (If rural, give location) <b>345 E. 80th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>#48 Greendale Dr.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b>	b. (Middle) <b>J.</b>	c. (Last) <b>Weber Sr.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 16, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Jan. 28, 1881</b>	9. AGE (In years) (Last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 6 MOS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Patrolman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>City of Chicago</b>	11. BIRTHPLACE (State or foreign country) <b>Chicago, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Peter Weber</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Nell Weber</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank J. Weber Jr., #48 Greendale Dr.</b>
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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 <b>7 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fibrosis pulmonary, Chronic undetermined - 2 yrs?</b> DUE TO (c) <b>Asthma</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Asthma Pulmonary, Chronic</b>		?	

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)	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) (Min.)	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 **Nov. 1949**, to **May 16, 1950**, that I last saw the deceased alive on **May 15, 1950**, and that death occurred at **10:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. N. Niagness M.D.</b> (Degree or title)	23b. ADDRESS <b>6651 Wright University City, Mo.</b>	23c. DATE SIGNED <b>May 16, 50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5-16-50</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Chicago, Ill.</b>
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DATE REC'D BY LOCAL REG. <b>5-16-50</b>	REGISTRAR'S SIGNATURE <b>Harbert H. Hoppe</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Harbert H. Hoppe, 4700 Washington Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*William S. Salter*

Signed.....  
Student Embalmer

Licensed Embalmer No.

*4699*

P. O. Address

*St. Charles 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.