

FILED OCT 5 1950
#115044

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. 31987
8063
Registrar's No.

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 832 E Desoto	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) FRED	b. (Middle)	c. (Last) WEBER	Sept. 21st, 1950

5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept 25th 1885	9. AGE (In years last birthday) 64	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) wood bender	11. BIRTHPLACE (State or foreign country) Gray Summit, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William Weber	13b. MOTHER'S MAIDEN NAME Ida Vollmer	14. NAME OF HUSBAND OR WIFE Sadie Weber
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no	16. SOCIAL SECURITY 492-05-4408	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Moser, 832 E Desoto	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Parvovirus		
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 58% 0
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22. I hereby certify that I attended the deceased from 9/20/50 to 9/21/50, 19, that I last saw the deceased alive on 9/21/50, 19, and that death occurred at 10:15 am, from the causes and on the date stated above.

23a. SIGNATURE James A. Hutchinson, M.D. (Degree or title)	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 9/21/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/25/50	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. SEP 24 1950	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home, 8319 Hallsferry	ADDRESS
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John Benbly

Signed.....
Student Embalmer

Licensed Embalmer No. 3653

P. O. Address.....

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.