

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33164

| | | | | | | | |
|---|------------------------|--|--|--|--|--|-------------------------------------|
| BIRTH NO. | | REG. DIST. NO. 111 | | PRIMARY REG. DIST. NO. 5426 | | Registrar's No. 46 | |
| 1. PLACE OF DEATH a. COUNTY Franklin. | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Franklin | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Labadie. | | c. LENGTH OF STAY (in this place) 1 month. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Labadie | | 0360 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Labadie, Mo. | | | | d. STREET ADDRESS (If rural, give location) X | | | |
| 3. NAME OF DECEASED (Type or Print) LOUIS | | a. (First) A. | | c. (Last) WEBER | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 26th, 1950. | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH July 26th, 1887. | | 9. AGE (In years last birthday) 63 | 10. IF UNDER 1 YEAR Months 3 Days 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painting & Decorating. | | 10b. KIND OF BUSINESS OR INDUSTRY Own business. | | 11. BIRTHPLACE (State or foreign country) Gray Summit, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME William Weber. | | 13b. MOTHER'S MAIDEN NAME Ida Vollmer. | | 14. NAME OF HUSBAND OR WIFE Nellie B. Weber. | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | | 16. SOCIAL SECURITY NO. X | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie B. Weber Labadie, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | | | 20 min. | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Granuloma of Lung | | | | 6 mos. | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | | | 163X | |
| 19a. DATE OF OPERATION 18 Aug 50 | | 19b. MAJOR FINDINGS OF OPERATION Granuloma left lung | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from 26 Oct, 1950, to 26 Oct, 1950, that I last saw the deceased alive on 26 Oct, 1950, and that death occurred at 9:40 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) William R. Richardson M.D. | | | | 23b. ADDRESS Union, Missouri | | 23c. DATE SIGNED 27 Oct 50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Oct. 29, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Evang. Cemetery | | 24d. LOCATION (City, town, or county) (State) Washington, Mo. | |
| DATE REC'D BY LOCAL REG. Oct. 28-50 | | REGISTRAR'S SIGNATURE Mary B. Gross | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Helburg & Vitt Inc Washington, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 31 1950

RECEIVED

NOV 8 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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

Jerome F. Svoboda

Licensed Embalmer No. *4507*

P. O. Address

Washington

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.