

FILED JAN 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 41883

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 228	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give town) St. Charles		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) St. Charles Twsp (Rural)		d. STREET ADDRESS (If rural, give location) R.R. 3 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) T.		c. (Last) Weber		4. DATE OF DEATH (Month) (Day) (Year) December 24-1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH June 24 1870	
9. AGE (In years last birthday) 80		Months 4		Days 0		IF UNDER 18 SEX Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (retired)		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Weber		13b. MOTHER'S MAIDEN NAME Mary Boschert		14. NAME OF HUSBAND OR WIFE XXXXXX Elizabeth (Wappelhorst) 1930			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NIL		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME Elmer Weber (son) St. Charles, Mo.			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>apoplexy - st.</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) <i>Generalized arteriosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH 1 month 334X 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 <u>Nov 1, 1950</u> , to <u>Dec 24, 1950</u> , that I last saw the deceased alive on <u>10/24, 1950</u> , and that death occurred at <u>6:40 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>George Kister</i> (Degree or title) <i>M.D.</i>				23b. ADDRESS <i>St Charles Mo</i>		23c. DATE SIGNED <i>12-26-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 27-1950		24c. NAME OF CEMETERY OR CREMATOR XXXXXX St. Peter Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri	
DATE REC'D BY LOCAL REG. <i>Dec 28/50</i>		REGISTRAR'S SIGNATURE <i>James Hamilton</i> 284		25. FUNERAL DIRECTOR'S SIGNATURE <i>H.C. Hallmeyer + Sons Co</i> ADDRESS 800 N. 2nd--St. Charles, 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

DEC 30 1950

RECEIVED

MAR 28 1951

MAR 29 1951

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 4189

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Joseph F. Landolt
Licensed Embalmer No. 4189

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.