

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3130
147

FILED JAN 19 1951

State File No.
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 8 1/20		c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near 5700 Oakland			d. STREET ADDRESS (If rural, give location) 643 North 41st		
3. NAME OF DECEASED (Type or Print) a. (First) ADOLPH		b. (Middle) EUGENE		c. (Last) WEBER	
4. DATE OF DEATH January 6, 1951		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 18, 1900		9. AGE (In years last birthday) 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor Auditor Post Office		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lebanon, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Adolph Weber		13b. MOTHER'S MAIDEN NAME Emma Smith	
14. NAME OF HUSBAND OR WIFE Ruby Buzan Weber		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Ruby B. Weber		ADDRESS 643 North 41st St. E. St. Louis, Ill.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			INTERVAL BETWEEN ONSET AND DEATH _____		
ANTECEDENT CAUSES DUE TO (b) _____ <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			DUE TO (c) Coronary thrombosis		
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 checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Heart	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:45 m., from the causes and on the date stated above.					
23a. SIGNATURE Patrick E. Taylor		23b. ADDRESS 3300 Clark		23c. DATE SIGNED JAN 11 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE January 9, 1951		24c. NAME OF CEMETERY OR CREMATORY College Hill	
24d. LOCATION (City, town, or county) (State) Lebanon, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE Chas. Link		ADDRESS 3300 State Street E. St. Louis, Ill.	
DATE RECD. BY LOCAL REG. JAN 8 1951		REGISTRAR'S SIGNATURE J. B. Farsten			

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.....

Chas M. Burk

Signed.....
Student Embalmer

Licensed Embalmer No. *2421*

P. O. Address *East 4th Lou*

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.