No. 300
10/48

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Reg.# 89119

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7132

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 393

4000

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BRKS, MO.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEMAY 4860
d. STREET ADDRESS (If rural, give location): 649-A Lemay Ferry Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): AUGUST
b. (Middle): V
c. (Last): WEBER

4. DATE OF DEATH (Month) (Day) (Year): FEB. 10 1951

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12-13-98
9. AGE (In years last birthday): 52 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STOCK CLERK
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GRAY SUMMIT, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM WEBER
13b. MOTHER'S MAIDEN NAME: IDA VOLMER
14. NAME OF HUSBAND OR WIFE: DOROTHY WEBER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 498-05-2127
17. INFORMANT'S SIGNATURE OR NAME: VA HOSPITAL RECORDS
ADDRESS: JEFF BRKS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RECURRENT & METASTATIC CARCINOMA OF THE TONGUE

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 141X
20. AUTOPSY? YES ☐ NO ☒

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): VA
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-12, 19 50, *to* 2-10-, 19 51, *that I last saw the deceased alive on* XXXXXXXXXXXXXXXXXX *and that death occurred at* 12:12 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M B Conrad
(Degree or title): M.D.
23b. ADDRESS: VA HOSPITAL JEFF. BRKS, MO.
23c. DATE SIGNED: 2-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-14-51
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS, MISSOURI

DATE REC'D BY LOCAL REG.: 2/11/51
REGISTRAR'S SIGNATURE: Herbert R. Lombe MD
25. FUNERAL DIRECTOR'S SIGNATURE: C. HOFFMEISTER
ADDRESS: 7814 S. Brdwy, St. Louis

(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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Henry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.