

FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10962

4907

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

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 632

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>		c. LENGTH OF STAY (In this place) <b>2 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2720-Tennyson Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>10534 Thorpe Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Florence</b> b. (Middle) <b>Mary</b> c. (Last) <b>Weber</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 9, 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 20, 1893</b>
9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 2 HRS. Hours <b>0</b> Min.	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
13a. FATHER'S NAME <b>John Nagel</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Sullivan</b>	14. NAME OF HUSBAND OR WIFE <b>Henry P. Weber Dcd.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dorothy Booher 2720-Tennyson Av-Overland, Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		<b>years</b>	
DUE TO (c) <b>Hypertension</b>		<b>years</b>	
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 checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>7:30</b>	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 <b>Jan. 10 -</b> , 1951, to <b>Mar. 9</b> , 1951, that I last saw the deceased alive on <b>11</b> , 1951, and that death occurred at <b>11</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Wm. A. Walker Sr. M.D.</b>		23b. ADDRESS <b>2438 Woodson Rd Overland 14 Mo</b>	23c. DATE SIGNED <b>3-10-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-12-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>3-11-51</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Danko M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Baumgardner Bros Inc. 2504 Woodson Rd-Overland-14-Mo.</b>	

Wm. A. Walker (Licensed Embalmer's Statement on Reverse Side)

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 3454

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 149 7

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.