No. 300
10.48

FILED JUL 14 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21087

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 130

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles
c. LENGTH OF STAY (in this place) 5 Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ft. Adams Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portage des Sioux 0920
d. STREET ADDRESS (If rural, give location) RECEIVED 1

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) J. c. (Last) Weber, Jr

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH June 23, 1911
9. AGE (In years last birthday) 40 | IF UNDER 1 YEAR Months 0 Days 8 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman-Punch Press
10b. KIND OF BUSINESS OR INDUSTRY Dept-Electric Co
11. BIRTHPLACE (State or foreign country) St. Charles County, Mo 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank J. Weber, Sr
13b. MOTHER'S MAIDEN NAME Elizabeth Wappelhorst
14. NAME OF ~~HUSBAND OR~~ WIFE LaVern (Little) Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NIL
16. SOCIAL SECURITY NO. 490-05-0407
17. INFORMANT'S SIGNATURE OR NAME Mrs LaVern Weber-Portage des Sioux, Mo. ADDRESS

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) Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 6 m.

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.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) Talked to Physician who had treated him for Heart
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* 12 30 P.M., *to* _____, 19__, *that I last saw the deceased alive on* Disease, 19__ *and that death occurred at* 12 30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Fannie Hamilton (Degree or title) 8 Reg.
23b. ADDRESS 424 Jefferson St St Charles
23c. DATE SIGNED 7-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE July 4-1951
24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery
24d. LOCATION (City, town, or county) Portage des Sioux, Mo. (State)

DATE REC'D BY LOCAL REG. 7/2/51
REGISTRAR'S SIGNATURE Fannie Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallmeyer & Sons Co ADDRESS 800 N. 2nd--St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL - 8 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

JUN 4 1956

MAR 29 1956

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 Herbert C. Dallmeyer

Signed .....
Student Embalmer

Licensed Embalmer No. 4546

P. O. Address St. Charles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.