No. 300
10.48

123 P

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. McIntyre
State File No. 6138

FILED MAR 15 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 56

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) 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

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) "Rural" St. Charles Twsp 0920 1
d. STREET ADDRESS (If rural, give location) R.R. 3, Box 94

3. NAME OF DECEASED (Type or Print)
a. (First) Leo b. (Middle) E. c. (Last) Weber, Sr

4. DATE OF DEATH (Month) (Day) (Year) March 8 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb 20, 1879
9. AGE (In years last birthday) 73 [redacted] Month 0 18 IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (State or foreign country) St. Charles Co., Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Peter Weber
13b. MOTHER'S MAIDEN NAME Mary Boschert
14. NAME OF ~~HUSBAND OR~~ WIFE Regina (Borgmeyer) Weber dec'd 4/11/48

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. NIL
17. INFORMANT'S SIGNATURE OR NAME Leo W. Weber, Jr--RR3, St.Charles, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion	12 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Sclerosis	?
DUE TO (c)	Arteriosclerosis	?
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Bronchial Pneumonia	10 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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) m.
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* Feb. 2, 1952, *to* Mch 8, 1952, *that I last saw the deceased alive on* Mch 2, 1952, *and that death occurred at* 10:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE J. M. Jenkins (Degree or title) M.D.
23b. ADDRESS St Charles Mo.
23c. DATE SIGNED 3/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 11-1952
24c. NAME OF CEMETERY OR CREMATORY St.Charles Borromeo CEMETERY
24d. LOCATION (City, town, or county) (State) St. Charles County, Mo.

DATE REC'D BY LOCAL REG. 3/10/52
REGISTRAR'S SIGNATURE Frances 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

SEP 23 1952

MAY 1 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 _____ _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed Herbert C. Dallmeyer

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 wit the above constitutes grounds for revocation of license.)

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