No. 300
10-48

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26464

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6275

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

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 2 yrs. 7 Mos. 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Infirmary 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) St. Louis 2169
d. STREET ADDRESS (If rural, give location) 16 3104 Magnolia

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

4. DATE OF DEATH (Month) 6 (Day) 30 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH March 8, 1865
9. AGE (In years last birthday) ~~77~~ 87 — 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) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Lewis Hube
13b. MOTHER'S MAIDEN NAME Anna ?
14. NAME OF HUSBAND OR WIFE Widow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME City Infirmary — ADDRESS 5800 Arsenal St.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

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.

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* Nov. 3, 19 49 *to* June 30, 19 52, *that I last saw the deceased alive on* 6/30, 19 52, *and that death occurred at* 10:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) George M. Tanaka M.D.
23b. ADDRESS 5600 Arsenal St.
23c. DATE SIGNED 7/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE July 3, 1952
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JUL 1 1952
REGISTRAR'S SIGNATURE J Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis — ADDRESS 2906 Gravois

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
~~County~~ City of St Louis }

State File No. 26464
Local Registrar's No. 6275

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1 day of Aug., 1952, before me appears Louise S. Vornberg, who, upon her oath, states that the original record of ~~birth~~ death for Louise Weber, died ~~born~~ June 30, 1952, in the State of Missouri, and which was filed at St. Louis Mo. on 6/30, 1952, should be corrected as follows:

Item No. 8 should read Mar 8 - 1865

Instead of ?

Item No. 9 should read 87

Instead of 77

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Kutis Fun Home Per H Marr
~~Louise S. Vornberg~~ Daughter
Relationship.
45-70 Wabash

Present Address.

Subscribed and sworn to before me this 1 day of Aug., 1952

My Commission expires Mar 21 1956 Adele Bondi Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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