

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33551

State File No.

FILED OCT 1 1952

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8631

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5408 Robert		d. STREET ADDRESS (If rural, give location) 5415a Gertrude 2 0	

3. NAME OF DECEASED (Type or Print) a. (First) Cecilia	b. (Middle) Elizabeth	c. (Last) Weber	4. DATE OF DEATH (Month) (Day) (Year) Sept., 13, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 20, 1886	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR Months 3	11. UNDER 24 HRS. Days 23	12. HOURS Min.
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Seamstress	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Richard Weber	13b. MOTHER'S MAIDEN NAME Ida Beckman	14. NAME OF HUSBAND OR WIFE
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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. 492-20-1035	17. INFORMANT'S SIGNATURE OR NAME Mathilda Weinland	ADDRESS 5408 Robert
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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, asthma, 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		6 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Claudy with Effusion 3 wks DUE TO (c) Anteriorly placed Coll. Vascular Disease 5 yrs.		
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"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4221

22. I hereby certify that I attended the deceased from 8-1, 1949, to 9-13, 1952, that I last saw the deceased alive on 9-12, 1952, and that death occurred at 2:00a m., from the causes and on the date stated above.

23a. SIGNATURE Robert A. Brennan (Degree or title) M.D.	23b. ADDRESS 5417 South Grand	23c. DATE SIGNED 9-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/16/52	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cen.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. SEP 15 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1225 Union
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(Licensed Embalmer's Statement on Reverse Side)

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

3

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton R. Penelvis

Licensed Embalmer No. 4283

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.