

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7254

State File No.

FILED FEB 27 1953

REG. DIST. NO. 30f

PRIMARY REG. DIST. NO. 6096

Registrar's No. 7

BIRTH NO. _____			REG. DIST. NO. 30f			PRIMARY REG. DIST. NO. 6096			Registrar's No. 7		
1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY <u>St Charles</u>			b. CITY (If outside corporate limits, write RURAL and give township) <u>Dardenne</u>			c. LENGTH OF STAY (in this place) <u>8 yr</u>			d. FULL NAME OF HOSPITAL OR INSTITUTION _____		
a. STATE <u>Mo</u>			b. COUNTY <u>St Charles</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>0920</u>			d. STREET ADDRESS (If rural, give location) <u>6111 South West</u>		

3. NAME OF DECEASED (Type or Print) <u>Caroline Lee Weber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-18-53</u>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan 11-1880</u>		9. AGE (in years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home duties</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St Louis</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>H. Bridenback</u>		
13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>Deceased Baum August Weber</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>cardia renal disease</u>					
		DUE TO (c) <u>severely</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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? _____			

22. I hereby certify that I attended the deceased from 11-17, 1952, to 2-18, 1953, that I last saw the deceased alive on 2-6, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. E. Pitman M.D.</u>		23b. ADDRESS <u>4110 WF Courmont</u>		23c. DATE SIGNED <u>2-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Heart of Mary</u>	
24d. LOCATION (City, town, or county) <u>New Meade</u>		24e. (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb 23 1953</u>		REGISTRAR'S SIGNATURE <u>Mark Giff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Pitman</u> ADDRESS <u>Funeral Home Wentzville Mo</u>	

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

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

Arnetta M. Pittman

Licensed Embalmer No.

3055

P. O. Address

Montzville

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.