

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **14573**

FILED APR 26 1954

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **812**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEMAY		c. CITY OR TOWN LEMAY 487 P	
c. LENGTH OF STAY (in this place) 7 YRS.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION TORRANCE NURSING HOME		e. STREET ADDRESS (If rural, give location) 128 E. ETTA AVENUE	

3. NAME OF DECEASED (Type or Print) MINNIE	a. (First)	b. (Middle) **	c. (Last) WEBER	4. DATE OF DEATH (Month) (Day) (Year) APRIL 2, 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 22, 1865	9. AGE (In years last birthday) 88	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME BERNHARD FREDERICH	13b. MOTHER'S MAIDEN NAME ROSE (UNK.)	14. NAME OF HUSBAND OR WIFE JULIUS
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME FREDERICK J. WEBER	ADDRESS 130 W. HOLDEN, LEMAY, MO.
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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 24 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arterio-sclerotic Heart Disease		
	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 4200	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1947, to April 2, 1954 that I last saw the deceased alive on 2 April, 1954 and that death occurred at 5:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>William F. McNamee</i>	(Degree or title) Dr.	23b. ADDRESS 7619^a Gray Ave	23c. DATE SIGNED 4/3/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 6, 1954	24c. NAME OF CEMETERY OR CREMATORY OLD ST. MARCUS CEMETERY	24d. LOCATION (City, town, or county) (State) 6638 GRAVOIS AFFTON, MO.
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DATE REC'D BY LOCAL REG. 4/5/54	REGISTRAR'S SIGNATURE <i>Harold R. Tomke</i>	25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER U. & L. CO.	ADDRESS 7814 S. BROADWAY ST. LOUIS, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
1954

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.....
Signature of Student Embalmer

Signed *Harry J. Lehmann, acting*
Licensed Embalmer No. *2679*

P. O. Address *25141 B...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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