

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21434

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4736**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS, MISSOURI</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>23 2655 Accomac St.</b>		2239 /0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b>		b. (Middle) <b>A.</b>		c. (Last) <b>WEBER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 26, 1954</b>	
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May, 29, 1880</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>73 years</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Mail Carrier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Letter Carrier</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Smithton, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Sarah E. Weber</b>	
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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) <b>Yes U. S. Navy</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Sarah E. Weber, 2655 Accomac St.</b>	
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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, ashenia, 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) <b>adenocarcinoma of sigmoid</b>		DUE TO (b) <b>Ypremia</b>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>153X</b>	
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22. I hereby certify that I attended the deceased from **3-21-54**, 19**54**, to **5-26-54**, 19**54**, that I last saw the deceased alive on **5-26-54**, 19**54**, and that death occurred at **7:35P m.**, from the causes and on the date stated above:

23a. SIGNATURE (Degree or title) <b>J. R. Edwards, M.D.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>5-27-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 29, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Smithton-Franklin Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Smithton, Illinois</b>	
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DATE REC'D BY LOCAL REG. <b>MAY 28 1954</b>		REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Witt Bros. L. &amp; U. Co. 2929 S. Jeff. Ave.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed.....  
*D. M. Davis*

Licensed Embalmer No. *374*

P. O. Address *929 So. Jeff*

**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.**