

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29300

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7587

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. LENGTH OF STAY (in this place) 74 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3710 Wyoming Street		d. STREET ADDRESS (If rural, give location) 116 3710 Wyoming Street. 2169 0			
3. NAME OF DECEASED (Type or Print) JOHN			a. (First) b. (Middle) c. (Last) WEBER		4. DATE OF DEATH (Month) (Day) (Year) August 15, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Oct. 27, 1879	9. AGE (In years last birthday) 74	# UNDER 1 YEAR Months Days # UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY DeSoto Hotel		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Weber		13b. MOTHER'S MAIDEN NAME Christine Weber	
14. NAME OF HUSBAND OR WIFE Lillie Hammel		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 497-07-9234	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie Weber		ADDRESS 3710 Wyoming Street			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis - General Anemia of both Organs			INTERVAL BETWEEN ONSET AND DEATH 2 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) _____		DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) m		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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X	
22. I hereby certify that I attended the deceased from July - 30, 1954, to Aug - 15, 1954 that I last saw the deceased alive on Aug - 15, 1954, and that death occurred at 9:00A m., from the causes and on the date stated above.					
23a. SIGNATURE Thos. W. ...		(Degree or title)		23b. ADDRESS 3201 S. 50th ...	
23c. DATE SIGNED 8-16-54		24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE Aug. 17, 1954	
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Mem. Pk.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. Inc. 1936 St. Louis Ave.	
DATE REC'D BY LOCAL REG. AUG 17 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		3.P. (Licensed Embalmer's Statement on Reverse Side)	

STATE PLAIN - 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 _____

Licensed Embalmer No. 4520

P. O. Address Maris, n

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

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