

No. 300
10-48

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3526**

XC2345584
Reg #117454
BIRTH NO.

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **10**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS		c. CITY OR TOWN KANSAS CITY	d. In 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) 251 DAYS		e. STREET ADDRESS (If rural, give location) 31 SOUTH COY STREET, 8150 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSP			
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN	b. (Middle) J.	c. (Last) WEBER	4. DATE OF DEATH (Month) (Day) (Year) 1-4-55
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-31-1885
9. AGE (In years last birthday) 69 YRS	# MONTHS 0	# WEEKS 0	# DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) FESTINA, IOWA	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME OTTO WEBER		13b. MOTHER'S MAIDEN NAME JOHANNA HINKEL	14. NAME OF HUSBAND OR WIFE ANNA WEBER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1-9-11 TO 9-26-18		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS. MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS, ACTIVE		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) SCHIZOPHRENIC REACTION HEBEPHRENIC		TYPE	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002X	
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) (Min)	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 4-29-54 , 19 54 , to 1-4-55 , 19 55 , and that death occurred at 12:40A m., from the causes and on the date stated above.			
23a. SIGNATURE Francis Tarvydas (Degree or title)		23b. ADDRESS VAH JEFFERSON BARRACKS, MO.	23c. DATE SIGNED 1-4-55
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-4-55	24c. NAME OF CEMETERY OR CREMATORY MT. CALVARY, CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS
DATE REC'D BY LOCAL REG. 1/4/55	REGISTRAR'S SIGNATURE Herbert R. Santen	25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 322 S. Grand Blvd., St. Louis, Mo.	

(Licensed Embalmer—Embalmment on Reverse Side)

FEB 24 1958

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 *Francis J. Wyland*.....

Licensed Embalmer No. *451*.....

P. O. Address *St. Louis*.....

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.