

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4435

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 47			
1. PLACE OF DEATH a. COUNTY Franklin b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington c. LENGTH OF STAY (in this place) 60 dys d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin c. CITY OR TOWN St. Clair d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) 0360					
3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Marguerite c. (Last) Weber				4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1955					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Nov. 13, 1884			
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) High Ridge, Mo.			
12. CITIZEN OF WHAT COUNTRY? USA									
13a. FATHER'S NAME William C. Heller				13b. MOTHER'S MAIDEN NAME Katherine Boehling		14. NAME OF HUSBAND OR WIFE Charles F. Weber			
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 ADDRESS Selma Bruns St. Clair, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Cerebro Vascular Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gravely and Arterio Sclerosis DUE TO (c) Obesity II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 90 da ? ?	
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) (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 1951 , to Death , 19 1955 , that I last saw the deceased alive on 2-24 , 19 55 , and that death occurred at 1:30 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE John F. Pearl, M.D. (Degree or title)				23b. ADDRESS St. Clair Mo		23c. DATE SIGNED 2/26/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 27-55		24c. NAME OF CEMETERY OR CREMATORY St. Martins Cemetery		24d. LOCATION (City, town, or county) (State) High Ridge, Mo.			
DATE REC'D BY LOCAL REG. 2/26/55		REGISTRAR'S SIGNATURE H. J. Heidmann		25. FUNERAL DIRECTOR'S SIGNATURE Casper & Senot		ADDRESS St. Clair Mo.			
(Licensed Embalmer's Statement on Reverse Side)									

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.....

Licensed Embalmer No. 3601

P. O. Address St. Clair,

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.