

FILED SEP 21 1956

STANDARD CERTIFICATE OF DEATH

State File No. **32491**

318

REG. DIST. NO. 1003 Registrar's No. 7824

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Sg. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital				e. STREET ADDRESS (If rural, give location) 2079 0 5918 Floy Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Lloyd		b. (Middle) _____		c. (Last) Weber		4. DATE OF DEATH (Month) (Day) (Year) Aug. 22 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 10, 1899	
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Union business rep.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Charles Weber		13b. MOTHER'S MAIDEN NAME Ellen Murphy		14. NAME OF HUSBAND OR WIFE Edna Weber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes One		16. SOCIAL SECURITY NO. 487-10-9476		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Weber 5918 Floy Ave.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of the Lungs (metastasis) ANTECEDENT CAUSES Ca of the left Kidney Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ DUE TO (e) _____ II. OTHER SIGNIFICANT CONDITIONS Pleural effusion Conditions contributing to the death but related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9 mo. Indefinite 6 mo.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 12-1-55 to 8-22-56 , that I last saw the deceased alive on 8-22-55 , and that death occurred at 9:15 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Earl Smith M.D. (Degree or title)				23b. ADDRESS 6303 Natural Bridge		23c. DATE SIGNED 8-22-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 25 1956		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo	
DATE REC'D BY LOCAL REG. AUG 23 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Mortuary 5967 W. Florissant			

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..... *B. W. Wilkinson*

Licensed Embalmer No. *357*

P. O. Address *M. L.*

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.