

FILED NOV 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43118

State File No. ....

|   |  |  |   |   |  |  |  |
|---|--|--|---|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>312</u>  |   | PRIMARY REG. DIST. NO. <u>500</u>   |  | Registrar's No. <u>2819</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Eureka</u>   |  | c. LENGTH OF STAY (in this place)<br><u>34 yrs.</u>  |   | c. CITY OR TOWN <u>Eureka</u> <u>4000</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>371 North St.</u>  |  |  |   | e. STREET ADDRESS (If rural, give location)<br><u>371 North St.</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Wm.</u> b. (Middle) <u>Charles</u> c. (Last) <u>Weber</u>  |  |  | 4. DATE OF DEATH <u>11/11/57</u>              |   |  |  |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>  |  | 8. DATE OF BIRTH <u>Sept. 28, 1878</u>   |  |
| 9. AGE (In years last birthday) <u>79</u>   |  | 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)<br><u>Retired Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own farm</u>   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Jefferson County, Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |  |
| 13a. FATHER'S NAME<br><u>Frank Weber</u>  |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Behm</u> |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Anna Wallach Weber</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)<br><u>492-36-4302</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Anna Weber, Eureka, Mo.</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* 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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary thrombosis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive cardiovascular disease</u><br>DUE TO (c) <u>arteriosclerosis</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4201</u> |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 hours</u><br><u>5 years</u><br><u>5 years</u>       |
| 19a. DATE OF OPERATION<br><u>none</u>   |  | 19b. MAJOR FINDINGS OF OPERATION   |   |   |  |  | 20. AUTOPSY? <u>2</u><br>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)   |  | 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 <u>11-4</u> , 19 <u>49</u> , to <u>11-11</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>11-11</u> , 19 <u>57</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above. |  |  |   |   |  |  |  |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title)   |  |  |   | 23b. ADDRESS <u>Eureka, Mo.</u>   |  | 23c. DATE SIGNED <u>11-12-57</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVED</u>   |  | 24b. DATE <u>11/14/57</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>St. Philomena Cem.</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>House Springs, Mo.</u>   |  |
| DATE REC'D BY LOCAL REG.<br><u>11-12-57</u>   |  | REGISTRAR'S SIGNATURE<br><u>[Signature]</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Schrader Funeral Home, Ballwin, Mo.</u>  |  |  |  |

(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.....

Licensed Embalmer No. 4584.....

P. O. Address Ballwin, Mo.....

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.