

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000834

STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 115-116

Primary Registration District No.

4187

Registrar's No.

34

300
-57

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION		c. CITY OR TOWN UNION	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		d. STREET ADDRESS (If outside, give location) 217 N. MULBERRY	
3. NAME OF DECEASED (Type or print) First ALEXANDER Middle H. Last WEBER		4. DATE OF DEATH Month JAN. Day 30, Year 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH SEPT. 29, 1862
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY SHOE WORKER	9. AGE (In years last birthday) 96
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HERMAN WEBER		13b. MOTHER'S MAIDEN NAME MARY PRIESTER	
14. NAME OF HUSBAND OR WIFE ANNA WEBER (dec)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ☐ No, ☒ unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT CONRAD WEBER	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure DUE TO (b) Senile Arteriosclerosis DUE TO (c) Orthostatic Pneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Orthostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 10 years	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:30 Month, Day, Year Jan 30, 1959		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Union, Mo	
21. I attended the deceased from Death occurred at 8:30 on 30 Jan 1959 and last saw him alive on 28 Jan 59		22. SIGNATURE (Degree or title) Wm. H. Richardson, M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE FEB. 2, 1959	
23c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION CEM.		23d. LOCATION (City, town, or county) UNION, MO.	
24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 1-31-59	
26. REGISTRAR'S SIGNATURE Wm. H. Richardson		27. DATE SIGNED 30 Jan 59	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1958

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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 *Ralph Altman*

Licensed Embalmer No. *4808*

P. O. Address... *Union, 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.