URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

[redacted]

FILED VS MAR 11 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2551

STATE FILE NUMBER 60-009043

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. ANTHONY HOSP.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3179a MINNESOTA
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First PAULINE Middle Last WEBER
4. DATE OF DEATH: Month MARCH Day 2 Year 1960
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: JUNE 12 1889
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and state or country): AUSTRIA HUNGARY
12. CITIZEN OF WHAT COUNTRY: U-S-A
13a. FATHER'S NAME: FLORIAN SCHMIDT
13b. MOTHER'S MAIDEN NAME: SOPHIE KITZBERGER
14. NAME OF HUSBAND OR WIFE: JOSEPH WEBER (DECD)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MARIE WEBER
Address: 3179a MINNESOTA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ARTERIOSCLEROTIC Heart Dis.	6 MON.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	PNEUMONITIS	19 days
DUE TO (c)	ARTERIOSCLEROTIC NEPHRITIS	6 MON.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 446X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 COUNTY STATE

21. I attended the deceased from 2-1-60, to 3-2-60 and last saw her/him alive on 3-2-60
Death occurred at 1 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Eugene H. Edell (Degree or title) M.D.
22b. ADDRESS: 4971 Chippewa St
22c. DATE SIGNED: 3-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: MAR. 5 1960
23c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEM.
23d. LOCATION (City, town, or county) (State): ST. LOUIS MO

24. FUNERAL DIRECTOR: Thomas J. Kutis
ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: MAR 4 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.
MJC

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.