

STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013674

FILED VS. MAR 30 1960 317

Registration District No. 500 Primary Registration District No. 806 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS NORMANDY</b>		Length of stay in lb <b>DOA</b>	c. CITY OR TOWN <b>WOODSON TERRACE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>EN ROUTE TO NORMANDY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>9250 BATAAN AVE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>OSCAR WEBER</b>		Middle Last	4. DATE OF DEATH Month Day Year <b>MARCH 5, 1960</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-5-1905</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PROCESS PHO.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>LITHOGRAPHER</b>	11. BIRTHPLACE (City and state or country) <b>ST LOUIS MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>OSCAR WEBER</b>	13b. MOTHER'S MAIDEN NAME <b>CATHERINE UNKNOWN WADDELL</b>	14. NAME OF HUSBAND OR WIFE <b>GERTRUDE WEBER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>#497-10-1815</b>	17. INFORMANT Address <b>GERTRUDE WEBER 9250 BATAAN AVE</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		WOODSON TERRACE	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		<b>Acute peripheral vascular collaterals</b>	<b>sec.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<b>coronary occlusion</b>	<b>sec.</b>
	DUE TO (c)	<b>Generalized arteriosclerosis</b>	<b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <b>Feb. 1, 1960</b> to <b>March 1, 1960</b> last saw him alive on <b>3/1/60</b> Death occurred at <b>5:15 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Frank S. Roaso, D.O.</b>	22b. ADDRESS <b>9412 Luthue</b>	22c. DATE SIGNED <b>3/7/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3/9/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST PETERS CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>ST LOUIS COUNTY MISSOURI</b>
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24. FUNERAL DIRECTOR <b>STROOT - CARROLL 4600 NATURAL BRIDGE</b>	25. DATE RECD. BY LOCAL REG. <b>3-8-60</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*Dr. [unclear] exp 2/3/40*  
*Will sign Monday*  
*17. [unclear] 7840*  
*(Ev-1-0341)*

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *M W R netter*

Licensed Embalmer No. *4865*

P. O. Address *St Louis*

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.