

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021884

FILED VS MAY 31 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1619 STATE FILE NUMBER

ENDED

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>Florissant</b>		Length of stay in 1b <b>2 1/2 yrs.</b>	c. CITY OR TOWN <b>Florissant</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>8 Count Fleet Circle</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>8 Count Fleet Circle</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>LA VERNE</b> Last <b>WEBER</b>			4. DATE OF DEATH Month <b>May</b> Day <b>18</b> Year <b>1960</b>			
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	9. AGE (last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supervisor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Western Electric</b>		11. BIRTHPLACE (City and state or country) <b>Bradys Bend, Penna.</b>		
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>George P. Weber</b>		13b. MOTHER'S MAIDEN NAME <b>May Logan</b>		
14. NAME OF HUSBAND OR WIFE <b>Marie</b>		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>085-03-0584</b>		17. INFORMANT <b>Mrs. Marie Weber, Florissant, Mo.</b>				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>General Carcinomatous</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 Mos</b>
DUE TO (b) <b>Carcinoma of rectum</b>		
DUE TO (c) <b>Carcinoma of rectum</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.)
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.) <b>3-4-58</b>	20f. CITY, TOWN, OR LOCATION <b>4-6-60</b>	COUNTY <b>4-6-60</b>	STATE <b>4-6-60</b>
21. I attended the deceased from <b>3-4-58</b> to <b>4-6-60</b> and last saw him alive on <b>4-6-60</b> Death occurred at <b>about 5:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>[Signature]</b>		22b. ADDRESS <b>508 N Second Ave</b>	22c. DATE SIGNED <b>5-20-60</b>
23a. BURIAL (If not, give REMOVAL location) <b>Burial</b>	23b. DATE <b>5-23-60</b>	23c. NAME OF BEMETERY OR CREMATORY <b>Sacred Heart</b>	23d. LOCATION (City, town, county) (State) <b>Florissant, Mo.</b>

24. FUNERAL DIRECTOR <b>The Florissant Mortuary, Florissant, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-21-60</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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DOCUMENT

MEDICAL CERTIFICATION

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

Signed Gene Hutchinson

Licensed Embalmer No. 4966

P. O. Address FLORENCE AV

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