RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1960

-60-044370

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11350

DED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b 1 hr

c. CITY OR TOWN Affton — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lutheran — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 8705 Briner — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Carl Middle E Last Weber

4. DATE OF DEATH Month 11 Day 23 Year 60

5. SEX M

6. COLOR OR RACE W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9/30/01

9. AGE (last birthday) 59 — 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) personell Supervisor

10b. KIND OF BUSINESS OR INDUSTRY Monsanto

11. BIRTHPLACE (City and state or country) Perryville Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Carl

13b. MOTHER'S MAIDEN NAME Emma Scheinert

14. NAME OF HUSBAND OR WIFE Louise Weber

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. 488-05-7098

17. INFORMANT Louise Weber Address 8705 Brinker

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion with myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 3 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 420.1

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. ☐ 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.) Autopsy waived by coroner

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 march 1960, to 11/23/60 and last saw her him alive on March 23 1960

Death occurred at 10:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Roy H Schmiemeier MD

22b. ADDRESS 6817 Gravois

22c. DATE SIGNED 11/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 11/26/60

23c. NAME OF CEMETERY OR CREMATORY Our Redeemer

23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Schumacher Inc. 3013 Mermaec

25. DATE RECD. BY LOCAL REG. NOV 25 1960

26. REGISTRAR'S SIGNATURE Earl Smith M.D.

MEDICAL CERTIFICATION

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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Jack Haupt

Signature of Student Embalmer

Licensed Embalmer No. 47

P. O. Address

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