

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046646

FILED VS DEC 21 1960 162

Registration District No. \_\_\_\_\_ Primary Registration District No. 5595 Registrar's No. 132

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jefferson County</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Jefferson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rock Township</i>		Length of stay in 1b <i>D.O.A.</i>	c. CITY OR TOWN <i>Rock Township on Rainbow Drive</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Dead two hours on arrival at hospital</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Rock Township on Rainbow Drive</i>

3. NAME OF DECEASED (Type or print) First <i>ERIC</i> Middle _____ Last <i>WEBER</i>			4. DATE OF DEATH Month <i>NOV</i> Day <i>14</i> Year <i>1960</i>			
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>OCT 30, 1960</i>	9. AGE (last birthday)	IF UNDER 1 YEAR Months _____ Days <i>14</i>	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) <i>NONE</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>ST LOUIS MO</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Franka Weber</i>	13b. MOTHER'S MAIDEN NAME <i>Audrey Amstinger</i>	14. NAME OF HUSBAND OR WIFE
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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) <i>NO</i>	16. SOCIAL SECURITY NO. <i>NO</i>	17. INFORMANT <i>FRANK WEBER BARNHART MO</i>	Address
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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: IMMEDIATE CAUSE (a) <i>Natural Causes</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Probably pneumonia</i>		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
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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
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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. Death occurred at *5 AM* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Carol Price MD</i>	(Degree or title)	22b. ADDRESS <i>Hillburo Mo</i>	22c. DATE SIGNED <i>11-14-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>NOV 15, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>ST JOHN'S CEMETERY</i>	23d. LOCATION (City, town, or county) (State) <i>ROCK CREEK MO</i>
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24. FUNERAL DIRECTOR <i>HELLIGTAG FUNERAL HOME IMPERIAL MO</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>11-14-60</i>	26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>
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(Licensed Embalmer's Statement on Reverse Side)

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 NOT EMBALMED, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed Elmer H. A. Hight

Licensed Embalmer No. 3571

P. O. Address Imperial

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.