

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

130051165  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **13018**

**FILED JAN 9 1964**

DO NOT WRITE ON THIS STUB  
AMENDED

VS 300	DATE AMENDED
Rev. 4/59	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		c. CITY OR TOWN <b>Belleville</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1222 West "A" St.</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>John Albert Weber</b>			4. DATE OF DEATH Month Day Year <b>December 29, 1963</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 <b>2/23/1927</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Printer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Government</b>	11. BIRTHPLACE (City and state or country) <b>Belleville, Ill.</b>
13a. FATHER'S NAME <b>John C. Weber</b>		13b. MOTHER'S MAIDEN NAME <b>Ophelia Hoffman</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Weber</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW II</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mary Weber, 1222 West "A" St., Belleville, Ill.</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>Fracture of base of skull with brain damage; Multiple injuries, suffered when car operated by deceased struck embankment in vicinity of Belleville, Illinois on or about Dec 28, 1963.</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <b>accident 823-4-32</b>			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>see above</b>	
20c. TIME OF INJURY (Hour, Month, Day, Year) <b>12-28-63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Belleville, Illinois</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>415A</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Paul Simon Deputy Coroner</b>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>12/30/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12-31-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Burial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Belleville, Ill.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Gaerdner Funeral Home, Belleville, Ill.</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 30 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>			

USE BLACK INK OR TYPEWRITER RIBBON

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LOCAL BOARD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed John Maher

Licensed Embalmer No. 29-8294

P. O. Address East 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.