

DEC 15 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39608  
Do not use this space.

DEC 13 1937

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **St. Louis, Mo.** (d) Street No. **BARNES HOSPITAL** Registered No. **10595**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Cora Weber**

(a) Residence, No. **4134 Gravois Ave** St. **16**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Weber**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 14th. 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**20 54 11 30**

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House-work**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER  
13. NAME **August Gerderman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER  
15. MAIDEN NAME **Emma Gerderman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **John Weber  
4134 Gravois Rd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **Nov. 16th, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **William Schumacher  
3013 Meramec Street**

20. FILE **NOV 16 1937** **J. T. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 13 - 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 8 - 1937**, to **Nov. 13 - 1937**  
I last saw her alive on **Nov. 13 - 1937**. Death is said to have occurred on the date stated above, at **2:50 a.m.**

The principal cause of death and related causes of importance were as follows:

**Acute pulmonary edema 11/12/37**  
**49**  
Other contributory causes of importance:  
**Acute cardiac failure 11/12/37**  
**Carcinoma of the uterus**

Name of operation **Abdominal hysterectomy** Date of **11/10/37**  
What test confirmed diagnosis **True Blue** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **No.**  
If so, specify **None**  
(Signed) **Harold Steine** M. D.  
(Address) **BARNES HOSPITAL**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 1 1946

JAN 29 1946

---

---

STATEMENT BY LICENSED EMBALMER

I, Clarence J. Rochow, Licensed Embalmer No. 3093

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3093

**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.)**