

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.

REC'D APR 1 1938

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

8682
Do not use this space:
2271

1. PLACE OF DEATH
(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis Mo. (d) Street No. 3143 N. 11th. St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME Eva Weber 150
(a) Residence, No. 3143 N. 11th St. St. 26
(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 Arthur Weber			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21-1900			
7. AGE 37	YEARS 4	MONTHS 15	DAYS If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as saw mill, bank, etc. Housewife		
	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) Missouri			
FATHER	13. NAME Ira Russell		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn		
MOTHER	15. MAIDEN NAME Emily Blayloch		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn		
17. INFORMANT Arthur Weber (ADDRESS) 3143 N. 11 th. St.			
18. BURIAL, CREMATION, OR REMOVAL PLACE old St. Marcus DATE 3-9-38			
19. FUNERAL DIRECTOR Henry Ludner U. Co (ADDRESS) 1 417 N. Market St.			
20. FILED			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6-38 19	
22. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1938, to Mar 6, 1938 I last saw him alive on Mar. 2, 1938. Death is said to have occurred on the date stated above, at 7:00 P.M. The principal cause of death and related causes of importance were as follows: Summary Tuberculosis Other contributory causes of importance: J J Name of operation..... Date of..... What test confirmed diagnosis? Xray Was there an autopsy? No 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 Amblyopar M. D. (Signed) 3014 Jefferson (Address)	
Date of onset	

3016
PA 6824
1100 St. Charles

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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 *John F. Buehly*
Licensed Embalmer No. *1674*

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.)