DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Schneider

State File No. 30067

REC'D SEP 14 1939

Registration District No. 1957

Primary Registration District No. 3036

Registrar's No. 133

1. PLACE OF DEATH:

(a) County St. Charles 1

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

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2. USUAL RESIDENCE OF DECEASED:

(a) State ✓ (b) County ✓

(c) City or town ✓
(If outside city or town limits, write "RURAL")

(d) Street No. ✓
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Mary Rose Weber

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased August (Month) 30 (Day) 1939 (Year)

8. AGE: Years ✓ Months ✓ Days ✓ If less than one day 8 hrs. _____ min.

9. Birthplace St. Charles (City, town, or county) Mo. (State or foreign country)

10. Usual occupation ✓ 0

11. Industry or business ✓ 0

FATHER
12. Name Francis L. Weber 0
13. Birthplace St. Charles (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Josephine E. Bader
15. Birthplace Montgomery City (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Francis L. Weber
(b) Address R R # 4 St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 31 (Day) 1939 (Year)
(c) Place: burial or cremation Borromeo Cemetery St. Charles Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.
(b) Address St. Charles, Mo.

19. (a) 9-1-39 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1939 hour 3 20 minute P. M.

21. I hereby certify that I attended the deceased from Aug 30, 1939, to Aug 30, 1939 that I last saw h. w alive on Aug 30, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apnea neonatorum Prematurity.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

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23. Signature Vincent A. Schneider (M. D. ~~or other~~)

Address St. Charles. Mo. Date signed 9/6/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.