

Registration District No. 709 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Hours
(Specify whether
In this community Life years, months or days)

FILED FEB 17 1940

3. (a) PRINT FULL NAME Maggie Weber
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband Phillip 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 23, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>1</u>	hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Fletcher
15. Birthplace Pittsburg Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Russell M. Weber
(b) Address 1807 Galle

17. (a) Burial (b) Date thereof Jan. 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director A. St. M. Laughlin
(b) Address 2301 Lafayette

19. (a) J. F. Brueck (b) J. F. Brueck
(Date of birth) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1855 Menard
(If rural, give location)
(e) If foreign born, how long in U. S. _____ years

20. DATE OF DEATH: Month January day 24
year 1940 hour 8 minute AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Arteriosclerosis

Due to Tension
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93C

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) _____
Means of injury _____

23. Signature Alfred J. Perry (M. D. or other) _____
Address St. Louis Date signed 1-25-40

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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