FILED APR 15 1940

. S. No. 2
1—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8797

Registration District No. 791]

Primary Registration District No. 1003

Registrar's No. 2230

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
421 E. Prairie
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 62 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis Prairie
(If outside city or town limits, write "RURAL")

(d) Street No. 421 E. Prairie
(If rural, give location)

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

3. (a) PRINT FULL NAME William C. Weber

3. (b) If veteran, name war No

3. (c) Social Security No. 493-09-5659

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Weber

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased October (Month) 27 (Day) 1877 (Year)

8. AGE: Years 62 | Months 4 | Days 8 | If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Shoe Co.

FATHER
12. Name Jacob Weber
13. Birthplace Unk. (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Sandmann
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Arthur W. Weber
(b) Address 7265 Stanford Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Friedmann & Gorsi
(b) Address 3934 N. 20th St

19. (a) MAR 7 1940 (Date received local registrar) J. F. Buddeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 th year 1940 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from Mar. Feb. 15 1940 to March 5 1940 that I last saw him alive on MAR. 5-40 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia, hypertrophy and non Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature Emma Ross (M. D. or other)
Address 1918 E. Ent Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

HS

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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

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