DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13621

FILED MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3823

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:
St. Luke's Hosptial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1926 McCausland
(If rural, give location)

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

3. (a) PRINT FULL NAME Kenneth James Weber 160

3. (b) If veteran, name war No.

3. (c) Social Security No. 497-10-2530

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept (Month) 28 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
48 1891	6	29	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Teacher 7

11. Industry or business Hadley Vocational School

FATHER
12. Name Adolph Weber 0
13. Birthplace (City, town, or county) Bohemia (State or foreign country)

MOTHER
14. Maiden name Mary Fox
15. Birthplace DeSoto (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs Pauline Weber
(b) Address 1926 McCausland Ave.,

17. (a) Burial Fontaine (Burial, cremation, or removal) (b) Date thereof 4-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) APR 29 1940 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1940 hour 2 minute 45 a. M.

21. I hereby certify that I attended the deceased from April 15, 1940, to April 27, 1940; that I last saw him alive on April 27, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	2 wks.
Due to Coronary sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Coronary thrombosis & coronary sclerosis	

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 K. F. Blaze (M. D. ~~or other~~)
Address 3720 Washington Date signed 4/27/40

(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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar St Louis Mo

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

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