DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23447

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5892

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: 1317 N. 20th St. 2 (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0

(c) City or town St Louis 21 (If outside city or town limits, write "RURAL")

(d) Street No. 1317 N. 20th St (If rural, give location)

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

3. (a) PRINT FULL NAME Albert Weber 160

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Frances

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Aug (Month) 18 (Day) 1857 (Year)

8. AGE: Years 82 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 6

10. Usual occupation Plastering contractor 6

11. Industry or business

FATHER 12. Name Ambrosia Weber 6

13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name Dorthea Rieser

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Frances Weber

(b) Address 1317 N. 20th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/40 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Charles J Kron Funeral Home

(b) Address 4011 Washington Blvd

19. (a) JUL 13 1940 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th year 1940 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 7, 1940 to July 11, 1940 that I last saw him alive on July 11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 2

Due to Coronal Arteriosclerosis — 2

Due to

Other conditions (Include pregnancy within 3 months of death) Catarrhal appendicitis — 2 weeks

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 H. Lopo Schubert (M. D. or other)

Address 2700 Chouteau Ave Date signed 7-12-40

(Licensed Embalmer's Statement on Reverse Side)

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.

MO-VS-1 X19511

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 Thomas R. Renwick

Licensed Embalmer No. 3793

P. O. Address St. Louis, Mo.

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.