

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3303 N. 11th. ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 68 yrs. (Specify whether years, months or days)

8. (a) PRINT FULL NAME LOUIS P. WEBER

8. (b) If veteran, name war NONE 8. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LOTTIE WEBER 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased AUGUST 25 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 9 If less than one day hr. min.

9. Birthplace NASHVILLE T.L.S.
(City, town, or county) (State or foreign country)

10. Usual occupation GOAL PASSER

11. Industry or business CITY WATER WORKS

12. Name WILLIAM WEBER

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

14. Maiden name MINNIE UMBERHAGEN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Weber

(b) Address 3303 N. 11th.

17. (a) BURIAL (b) Date thereof OCT. 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director Suedmeyer + Sons

(b) Address 2934 N. 20th. St.

19. (a) OCT 5 1940 (b) J. F. [Signature]
(Date received local authority) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town ST. LOUIS 26
(If outside city or town limits, write "RURAL")
(d) Street No. 3303 N 11 ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 4
year 1940 hour 5 minute 40A M.

21. I hereby certify that I attended the deceased from AUG. 31 1939 to OCT 4 1940.
that I last saw him alive on OCT 31 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Parenchymatous Nephritis 14
Due to Multiple Arthritis 12 yrs.
Duration

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: None
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 _____
(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?

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Edwin J. [Signature] (M. D. or other) MD
Address 3635 N. [Signature] Date signed 10/17/40

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

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 J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Paine

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.