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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34004**

NOV 16 1940

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **8781**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Mo. 3 Days**
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St Louis** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **6826 Magnolia**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **20**, year **1940** hour **11:55** minute _____ A. M. P. M.

21. I hereby certify that I attended the deceased from **September 17**, 19**40**, to **October 20**, 19**40**
that I last saw him alive on **October 20**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Brain Abscess**
Arteriosclerosis General

Due to **cause unknown**
Due to _____

Other conditions (include pregnancy within 3 months of death) **78**

Major findings: **None**
Of operations _____
Of autopsy **as above**

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 **J. F. Bedech** (M. D. or other) _____
Address **1515 Lafayette Avenue** Date signed **10/21/40**

3. (a) PRINT FULL NAME **Albert Webbers**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **494-09-4314**

4. Sex **Male** 5. Color or **white** 6. (a) Single **widowed**, married, divorced, **married**

6. (b) Name of husband or wife **Carrie Klugman** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **Dec 19-1877**
(Month) (Day) (Year)

8. AGE: **62** Years **10** Months **1** Days If less than one day _____ hr. _____ min.

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

10. Usual occupation **Machinist**

11. Industry or business **The Rolling Mills**

12. Name **Albert Webbers**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Carrie Webber**

(b) Address **6826 Magnolia New St Marcus**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Mary's Cemetery**

18. (a) Signature of funeral director **Henry Weidmuller**

(b) Address **6203 Broadway**

19. (a) **OCT 22 1940** (b) _____
(Date received locally) (Registrar's signature)

Bureau

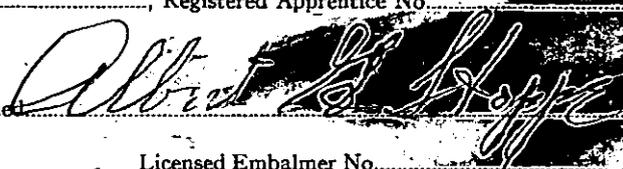
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STATEMENT BY LICENSED EMBALMER

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.....



.....
Licensed Embalmer No.....

P. O. Address.....



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, fact should be so stated above.