

No. 2
13-40
17-39
X23159

Registration District No. 7911

Primary Registration District No. _____

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME FRANCIS WEBER

3. (b) If veteran, name war None
3. (c) Social Security No. 490-03-7203

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Weber
6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Dec. 8th 1913
(Month) (Day) (Year)

8. AGE: Years 27 Months 1 Days 26
If less than one day hr. _____ min. _____

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

10. Usual occupation Chauffeur

11. Industry or business Schmidt Surgical Co.

12. Name Anton Weber

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

14. Maiden name Helen Unknown

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

16. (a) Informant Helen Weber

(b) Address 4209 Gratiot St.

17. (a) Burial (b) Date thereof 2-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) FEB 4 1941 (b) J. W. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4209 Gratiot St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1941 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 15, 1940 to Feb. 3, 1941;
that I last saw him alive on Feb. 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Subacute Bacterial Endocarditis

Due to _____

Other conditions MI
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Subacute Bacterial Endocarditis
Chronic passive congestion, pleurisy, emphysema

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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? None

(e) Means of injury _____
(Specify type of place)

23. Signature J. W. Brown (M. D. or other) _____
Address _____ Date signed _____

Duration Uncertain
Acute
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Reinhold K. Lohman

Licensed Embalmer No. 3395

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.