S. No. 2
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22778

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1370

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days (Specify whether

In this community ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 100

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 3824 N. O. Grand Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE W. WEBER

3. (b) If veteran, name war World War

3. (c) Social Security No. 497-03-1217

4. Sex male

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Essie Weber

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

7. Birth date of deceased June (Month) 30 (Day) 1893 (Year)

8. AGE: Years 48 Months 46 Days 28 If less than one day ... hr. ... min.

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

10. Usual occupation Freight agent

11. Industry or business Be-Mac Trucking Co.

FATHER
12. Name Fred Weber.
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Bruder.
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Essie Weber.

(b) Address 3824a N. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-41. (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUN 30 1941 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1941 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 4, 1941 to June 28, 1941 that I last saw him alive on June 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic Heart Disease marked coronary enlargement myocardial damage, myocardial insufficiency

Due to Lues

Due to

Other conditions 30 D (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? C. W. Hughes (e) Means of injury

23. Signature C. W. HUGHES, M.D., (M. D. or other)

Address Chief Medical Officer Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.