

FILED APR 13 1942 791

1053

Registration District No. 791 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis.  
(b) City or town: St. Louis.  
(c) Name of hospital or institution: 5906 McPherson Ave.  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis.  
(c) City or town: 5906 McPherson Ave.  
(d) Street No.: 5906 McPherson Ave.  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country: 0

3. (a) PRINT FULL NAME: Frank J. Weber.

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex: M. 5. Color or race: W. 6. (a) Single, widowed, married, divorced, widower: Widower.

6. (b) Name of husband or wife: Estelle Weber. 6. (c) Age of husband or wife if alive, years.

7. Birth date of deceased: December 24, 1879 (Month) (Day) (Year)

8. AGE: Years 62, Months 2, Days 27. If less than one day hr. min.

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

10. Usual occupation: Retired Lawyer.

11. Industry or business.

12. Name: Fred M. Weber. (FATHER)

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

14. Maiden name: Anna M. Grothaus. (MOTHER)

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

16. (a) Informant: Mrs. James W. Jones.

(b) Address: 6160 McPherson Ave.

17. (a) Burial. (b) Date thereof: 3-23-42. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery.

18. (a) Signature of funeral director: Arthur J. Donnelly.

(b) Address: 3840 Lindell Blvd.

19. (a) Date received local Registrar: J. F. [Signature] (b) Registrar's signature: J. F. [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 21st. year: 1942 hour: minute: M.

21. I hereby certify that I attended the deceased from April 19 1939 to Nov. 20 1942 that I last saw him alive on 3/16/42 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease. Duration: 3 yrs.

Due to: Myocardial infarction.

Due to: [Handwritten]

Other conditions: [Handwritten]

(Include pregnancy within 3 months of death)

Major findings: [Handwritten]

Of operations: [Handwritten]

Of autopsy: [Handwritten]

PHYSICIAN: [Handwritten]

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

(a) Accident, suicide, or homicide (specify): [Handwritten]

(b) Date of occurrence: [Handwritten]

(c) Where did injury occur? [Handwritten] (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) (e) Means of injury: [Handwritten]

23. Signature: [Handwritten] (M. D. or other) [Handwritten]

Address: [Handwritten] Date signed: 3/1/42

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

