

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12132

Registrar's No. 581

Registration District No. 31

Primary Registration District No. 200

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 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 2/27/42.  
(Specify whether years, months or days)

In this community unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Maplewood 5  
(If outside city or town limits, write "RURAL") 3

(d) Street No. 7217 Lanham Avenue  
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No) 1  
If yes, name country -

3. (a) PRINT FULL NAME William R. Weber

3. (b) If veteran, name war World War 1918

3. (c) Social Security No. 488-01-5932

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th,  
year 1942 hour 6:05 minute - p. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased August 24, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 6 18 hr. min.

21. I hereby certify that I attended the deceased from February 27, 1942, to March 12, 1942  
that I last saw him alive on March 12, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of tongue with cervical metastases. Duration 2 yrs.

Due to -

Due to - 45

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

9. Birthplace Crawford County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business Own business until 1940.

MOTHER FATHER { 12. Name William B. Weber

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

14. Maiden name Mary Arthur

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

16. (a) Informant M. Schullig

(b) Address Clinical Clerk, AF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 3-16-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hills Cem

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7454 Manchester

19. MAR 14 1942 (c) E. B. McGeary  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations -

Of autopsy No autopsy.

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) NO

(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 L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer Date signed 3/12/42

**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.....

*H. P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

**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.**