

FILED JUN 15 1942

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

00
17
9
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:
5000 South Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home - 13 Months
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Bertha Weber

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

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased October 21, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 11 _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name John Weber

13. Birthplace Not known Not known?
(City, town, or county) (State or foreign country)

14. Maiden name Romer

15. Birthplace Not known Not known?
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Weber

(b) Address 4042a South Spring

17. (a) burial (b) Date thereof 6/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John J. Ziegenhain & Sons

(b) Address 7027 Gravois

19. (a) JUN 1 1942 (b) J. J. Budek
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5000 S. Broadway (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1942 hour 11 minute _____ P.M.

21. I hereby certify that I attended the deceased from Apr. 16
1941, to June 2, 1942
that I last saw her alive on June 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to Nephritis & Surgical Shock

following amputation of left

leg below the knee

due to Gangrene Feb. 1940.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

131
131
131

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. O. Herchenrader (M. D. or other) _____

Address 5000 S. Broadway Date signed 6/3/42

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..... *B. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address..... *7027 Gravois*

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.