S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

Registration District No. 1794

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23226

Registrar's No. 6619

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo. (b) County St. Louis

(c) City or town St Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 115 E. Lorretta ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alma Mae Weaver

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Walter Weaver

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

7. Birth date of deceased March (Month) 30 (Day) 1904 (Year)

8. AGE: Years 38 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation Office Work

11. Industry or business Koch Hospital

FATHER
12. Name Charles Schramm
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kohl
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Elizabeth Schramm
(b) Address 115 E. Loretta ave. Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director
(b) Address 7814 S. Broadway

19. (a) AUG 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4 year 1942 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw h alive on , 19 , and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia following septic abortion; (Duration)

TIME, PLACE, CAUSE AND MANNER OF SAME COULD NOT BE ASCERTAINED.

Due to OPEN VERDICT.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of 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)

(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? (e) Means of injury

23. Signature Thomas F. Collins (M. D. or other)

Address Deputy Coroner Date signed 8/5/42

(Licensed Embalmer's Statement on Reverse Side)

City 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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.