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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29275

FILED OCT 1 1942 318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7885

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:
En route City Hospital #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2724 S. 9th St.
(If rural, give location)
(e) Attending Physician
of the same country? (Yes or No)

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3. (a) PRINT FULL NAME Steve Weber

3. (b) If veteran, name war no
3. (c) Social Security No. 492-05-9777

4. Sex Male 5. Color or race White
6. (b) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Weber
6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec. 4, 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 17
If less than one day hr. min.

9. Birthplace Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business

12. Name Don't Know

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

14. Maiden name Don't Know

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

16. (a) Informant Mrs. Anna Weber

(b) Address 2724 S. 9th St.

17. (a) Burial (b) Date thereof Sept. 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl

19. (a) SEP 27 1942 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1942 hour 11 minute 30 A. M.

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

Immediate cause of death

Coronary Sclerosis
Arteriosclerosis

Due to
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? 3

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

23. Signature Thomas J. Callanan M.D. or other
Address Deputy Coroner Date signed 9/22/42

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

W.F.

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.....

John Ketter

Licensed Embalmer No. *3880*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.