

FILED DEC 11 1942 **318**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

**1003**

Registrar's No. **10058**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **City Sanitarium 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **14 yrs. 4 mos. 2 days**  
(Specify whether years, months or days)  
In this community **About 42 years**

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. **5036 Lotus Ave.**  
(If rural, give location) **13**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**JOE WEBER**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife **single** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Sept. 4, 1898**  
(Month) (Day) (Year)

8. AGE: Years **44** Months **2** Days **27** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **5 Carter Ave. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

12. Name **Unknown**  
13. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **L. Eggen**  
(b) Address **St. Louis, Mo.**  
(c) Place: burial or cremation **St. Peter & Paul Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**

(b) Address **1710 N. Grand Blvd.**

19. (a) **DEC 2 1942** (Date received local registrar) **J. F. Brueck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **1**  
year **1942** hour **12:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **7-1-42**, 19\_\_\_\_, to **12-1-42**, 19\_\_\_\_  
that I last saw him alive on **12-1-42**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia, 11 days**

Due to **107**

Due to **107**

Other conditions **Bronchiectasis 12 yrs.**  
**Schizophrenia 14 yrs.**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **None**

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 **0**

23. Signature **Stanley J. Nemes** (M. D. or other) **M.D.**  
Address \_\_\_\_\_ Date signed **12/2/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**9**

**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 *Fred Frick*.....

Licensed Embalmer No. 3186.....

P. O. Address St. Louis, Mo. ....

**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.**