

FILED DEC 15 1942
318
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4240a Connecticut Ave.
(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

3. (a) PRINT FULL NAME George Weber

3. (b) If veteran, name war None

3. (c) Social Security No. 492-10-9041

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Celia Weber

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 29th 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

48 5 6 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Aalco Moving Co.

MOTHER FATHER { 12. Name George Weber

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

14. Maiden name Augusta Weber

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

16. (a) Informant Mrs. Celia Weber

(b) Address 4240a Connecticut Ave.

17. (a) Cremation (b) Date thereof 12-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 7 1942 (b) J. F. Bardsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4240a Connecticut Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 1942 hour 3:15 minute A.M. M.

21. I hereby certify that I attended the deceased from Nov 23
1942 to Dec 5 1942
that I last saw h. alive on Dec 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 92

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) 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? _____

(Specify type of place)

While at work? _____ (r) Means of injury _____

23. Signature D. A. Phomsen (M. D. Doctor)
Address 3121 N. Grand Date signed 12-7-42

3121 N. Grand
10-12-42-4

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 *Edwin D. McDermath*

Licensed Embalmer No. *3024*

P. O. Address.....

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.