

FILED DEC 16 1942

Registration District No. **994**

Primary Registration District No. **5594**

Registrar's No. **15-58**

1. PLACE OF DEATH:

(a) County **JEFFERSON.**
(b) City or town **RURAL MERAMEC**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ST. JOSEPH'S HILL INFIRMARY**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **FIVE MONTHS THIRTY DAYS**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST LOUIS** **100**
(c) City or town **ST. LOUIS** **17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **HOO1. HOLLY HILLS.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **FRED WEBER.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) ~~Single~~ ~~widowed~~, ~~married~~, ~~divorced~~, ~~widowed~~

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

7. Birth date of deceased: **10** (Month) **13** (Day) **1873** (Year)

8. AGE: Years **69** Months **1** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **ST LOUIS MISSOURI** (City, town, or county) (State or foreign country)

10. Usual occupation **ICE AND COAL BUSINESS**

11. Industry or business **AS ABOVE**

MOTHER FATHER { 12. Name _____
13. Birthplace **GERMANY** (City, town, or county) (State or foreign country) **4**
14. Maiden name _____
15. Birthplace **GERMANY** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Brother Patrick O. St**
(b) Address **St Josephs Hill Curera Mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 23-1942.** (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park.**

18. (a) Signature of funeral director **Ziegenhain Bros.**
(b) Address **8409 Gravois Ave.**

19. (a) **20 Nov 1942** (Date received local registrar) (b) **James A. Townsend** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **20th**, year **1942.** hour **4** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **1 Jan** 19 **42** to **11-20** 19 **42**
that I last saw him **14** alive on **11-16** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Due to **Arterio-Sclerotic-Cardio-Vascular disease**
Duration _____

Due to _____
Other conditions **None**
(Include pregnancy within 1 month of death)

Major findings: Of operations **None**
Of autopsy **None**
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 **None**
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Alley McEaney** (Date signed **11-21-42**)
Address **6125 7/2 Bartmer**

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

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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

Juddie A. Grogan

Licensed Embalmer No. *2870*

P. O. Address *6409 Geneva*

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.