

FILED FEB 13 1943

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 7

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(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 (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant 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 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased January 2 1943-1:30 A.M.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 hr. 45 min.

9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Francis Weber
13. Birthplace St. Charles County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Bader
15. Birthplace Montgomery County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Francis Weber

(b) Address R. R. 3 Box 92-St. Charles,

17. (a) Burial (b) Date thereof Jan. 4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Borromeo

18. (a) Signature of funeral director H. C. Dalbey & Sons Co.

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 1-4-43 (b) Clarence G. Wessler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1943 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Birth
Jan 2 - 1943 to Jan 2 1943
that I last saw him alive on Jan 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
M. agria neonatorum

Due to Prematurity -
6 to 7 - month pregnancy

Due to

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?
em.

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

23. Signature Virnetta Belmont (M.D. or other) MD

Address St. Charles, Mo. Date signed 1/5/43

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

MOTHER FATHER

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.....

Was not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *John E. Dallmeyer*

Licensed Embalmer No. *2957*

P. O. Address *St. Charles 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.