. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8903

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2212

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:
4515 Morganford Rd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000 12 9 15

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4515 Morganford Rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louis J. Weber

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Dec. (Month) 6th (Day) 1878 (Year)

8. AGE: Years 64 Months 2 Days 27 If less than one day hr. min.

9. Birthplace House Spring (City, town, or county) Mo. 1 (State or foreign country)

10. Usual occupation Hardware Business

11. Industry or business

FATHER
12. Name Ferdinand Weber
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Barbara Herman
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Millie Weber
(b) Address 4515 Morganford Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 8 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1943 hour 2 minute P.M. M.

21. I hereby certify that I attended the deceased from 2-15, 1941, to 3-5-, 1943; that I last saw him alive on 3-5-, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	3 days
Due to: General arteriosclerosis	3 yrs
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Eugene Vogel (M. D. or other) MD
Address 3325 S. Grand Date signed 3/6/43

(Licensed Embalmer's Statement on Reverse Side)

Interrare ad 10 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 Richard W. Stouesand

Licensed Embalmer No. 4007

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.