

7. S. No. 2  
OM-5-42  
Rev. 5-17-39  
I X32873

Clark 12951

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 12 1943 18

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

Registrar's No. 4191

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:  
Missouri Pacific Hospital  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
126

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

(d) Street No. 5850A Wabada Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harry C. Weber.

3. (b) If veteran, name war No 3. (c) Social Security 702-12-4665

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mamie Weber 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 28, 1877.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>10</u>	<u>5</u>	_____ hr. _____ min.

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

10. Usual occupation Car Repair

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

12. Name Timothy Weber

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

14. Maiden name Don't Know

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

16. (a) Informant Mrs. Mamie Weber

(b) Address 5850A Wabada Ave.

17. (a) Burial (b) Date thereof May 6/43.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cem., Florissant, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) MAY 5 1943 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5-3-43  
year 1943 hour 6:15 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 4-7  
\_\_\_\_\_ 19. to 5-3-43 19. \_\_\_\_\_  
that I last saw him alive on 5-3-43 19. \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinomatosis 6 mths.

Due to Carcinoma of Prostate 1 yr.

Due to Pt. Hemiplegia 2 mths.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury \_\_\_\_\_

23. Signature J. H. Bredsch (M. D. or other) \_\_\_\_\_

Address 1125 Hodiamont Ave. Date signed 5-3-43

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

MOTHER, FATHER

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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

*Henry M. Brammer*

Licensed Embalmer No.

*4200*

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.**