

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Ellisville,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway #50.
(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 Mo. (b) County St. Louis,
(c) City or town Ellisville,
(If outside city or town limits, write "RURAL")
(d) Street No. Highway #50
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALBERT A. 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 widower

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

7. Birth date of deceased Apr. 24, 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired merchant

11. Industry or business general store

12. Name August Weber

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

14. Maiden name unknown

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

16. (a) Informant Bert Weber,

(b) Address 7100 Page, St. Louis Co. Mo.

17. (a) Burial (b) Date thereof 4/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem. Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) APR 3 1943 (b) C. J. McJannet, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 1,
year 1943 hour 12:45 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Burned when his clothing caught fire when he was fighting grass fire.

Due to Entire body burned.

Due to _____

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

Major findings: Of operations _____

Of autopsy No. 18/15

Duration

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) Accident 076

(b) Date of occurrence April 1, 1943

(c) Where did injury occur? Ellisville, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? A. S. Weber's farm

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

23. Signature Louis H. Bopp (M.D. or other)

Address Kirkwood, Mo. 4-2-43 Date signed _____

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

MOTHER FATHER

MAY 6 1943

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 William J. Thomas.....

Licensed Embalmer No. 4319.....

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.