

No. 2  
1-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 27 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39240

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

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 2584

1. PLACE OF DEATH:

(c) County St. Louis

(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 345 Leffingwell  
(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 Kirkwood  
(If outside city or town limits, write "RURAL")

(d) Street No. 345 Leffingwell  
(If rural, give location)

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

3. (a) PRINT FULL NAME Lena Weber

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1943 hour 12:30AM minute 1 H. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Weber 6. (c) Age of husband or wife if alive 67 years (Day) (Year)

7. Birth date of deceased April 4 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-13, 1943, to 11-19, 1943, that I last saw her alive on 11-19, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

66	7	16	hr. min.
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Immediate cause of death Cerebral Anoxemia  
History of 20 hrs

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

Due to Cardio-vascular disease  
Myocardial degeneration - cardiac

Due to Pulmonary edema following acute  
respiratory infection

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name Louis Eisenman

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

14. Maiden name Christina Beckman

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

PHYSICIAN \_\_\_\_\_

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

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

Of autopsy g-t

Underline the cause to which death should be charged statistically.

16. (a) Informant W. E. Eisenman (b) Address 810 Pacific Ave Webster Groves

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 11-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis N. Bopp

(b) Address Kirkwood Mo

19. (a) NOV 23 1943 (b) E. J. von Kaven  
(Date received by registrar) (Registrar's signature)

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

(c) Means of Injury \_\_\_\_\_

23. Signature E. B. Walters (M. D. or other) \_\_\_\_\_

Address Kirkwood Mo Date signed 11-22-43

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

36  
4  
3

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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 Felix Ahmad

Licensed Embalmer No. 3034

P. O. Address Kirkwood Missouri

**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.**