

S. No. 2
M-5-43
7-5-17-39
I X36871

#23100
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3867

State File No.

FILED MAR 1 1948
Registration District No. 1848

Primary Registration District No. 1003

Registrar's No. 1650

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis, Missouri City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... Julius 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 Divorced

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

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

7. Birth date of deceased..... Unknown
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About <u>86</u>				hr. min.

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

10. Usual occupation..... Retired

11. Industry or business.....

MOTHER FATHER

12. Name..... Unknown

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Mrs. O'Rourke

(b) Address..... 1503 Newhouse

17. (a) Burial (b) Date thereof..... 2/19/44
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son

(b) Address..... 2161 East Fair Ave

19. (a) FEB 19 1948 (b) J. R. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....

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

(d) Street No..... 3617a N. Broadway
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th year..... 1944 hour..... 11:05 minute..... A. M.

21. I hereby certify that I attended the deceased from Feb. 2nd 19 44 to Feb. 16th 19 44
that I last saw him alive on Feb. 16th 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death.....	Duration
<u>Carcinoma of antrium of sinus</u>	
Due to.....	
Due to.....	
Other conditions..... <small>(Include pregnancy within 3 months of death)</small>	
Major findings: Of operations.....	
Of autopsy..... <u>Refused</u>	

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?.....

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

23. Signature..... Frans J. ... (M. D. or other) 1948
Address..... 1515 Lafayette Date signed 2/17/44

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

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 G. Buchholz*

Licensed Embalmer No. *2110 J*

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.