

S. No. 2
M-8-43
V. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22613
Registrar's No. 1479

Registration District No. 35 1944

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Miller Nursing Home 8149 Gravois
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Months
In this community 4 69 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frederick Wm. Weber
3. (b) If veteran, name war no 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 Margaret 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased Feb 18 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Railway Car Inspector

11. Industry or business

MOTHER FATHER
12. Name George Weber
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Weber
(b) Address 5352 Sunshine Drive

17. (a) burial (b) Date thereof 7-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus
18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec

19. (a) JUL 11 1944 (b) E. J. Mc Davian
(Date received local health officer's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Gardenville
(If outside city or town limits, write "RURAL")
(d) Street No. 8149 Gravois
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 8th.
year 1944 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from June 4th, 1944, to July 8th, 1944, that I last saw him alive on July 7th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 4 da

Due to
Due to

Other conditions Chronic Nephritis and 2 mo.
(Include pregnancy within 3 months of death)

Chronic Arteriosclerosis PHYSICIAN
Major findings:
Of operations
Of autopsy 131
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? Means of injury 0
Signature Dr. W. H. Walters (M. D. 12345)
Address 3608 S. Grand Blvd. Date signed 7/8/44

NOV 28 1945

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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.....

Licensed Embalmer No.....

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.