

S. No. 2
100M-5-43
Rev. 5-17-39
I X3667

FILED AUG 25 1944

Registration District No. **318** Primary Registration District No. **1003**

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

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:
Home 44331 Harris
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether)
 In this community.....
years, months or days

3. (a) PRINT FULL NAME **Minnie Weber**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex **Female**
 5. Color or race **W**
 6. (a) Single, widowed, married, divorced, wid.
Divorced Wid.
 6. (b) Name of husband or wife **Julius Weber**
 6. (c) Age of husband or wife if alive **Deed.** years
 7. Birth date of deceased **Aug. 26th, 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 **11** **18** hr. min.

9. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

MOTHER FATHER
 11. Industry or business.....
 { 12. Name **John N. Eydmann**
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 { 14. Maiden name **Minnie Dietrich**
 15. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Juliet Schaefer**
 (b) Address **4433 Harris Ave.**

17. (a) **Burial** (b) Date thereof **8-17-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **New St Marcus Cem**

18. (a) Signature of funeral director **Provost Mortuary**
 (b) Address **3710 N Grand St Louis**
Aug 16 1944

19. (a) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **000**
 (c) City or town **St Louis** **17**
(If outside city or town limits, write "RURAL") **99**
 (d) Street No. **4433 Harris**
(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 **Aug.** day **15th.**
 year **1944** hour **10.30** minute **A.** M.

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

Immediate cause of death.....
Coronary Occlusion
Arteriosclerosis
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)
G/A
 Major findings:
 Of operations.....
 Of autopsy.....
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) Means of injury
 23. Signature **J. F. Bredek** (M. D. or other)
 Address..... Date signed **8/16/44**

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 me

....., Registered Apprentice No. 3916
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3710 N. Grand B

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.