

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 St. Louis, Missouri  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Louis City Hospital #1.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 23 days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2619 a Missouri Av.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Olga Weber  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex Female / 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Wm. Weber 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased 10-27-1867  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 11th  
 year 1945 hour 5:50 minute A. M.  
 21. I hereby certify that I attended the deceased from 4/17/45  
 to 5/11/45  
 that I last saw h. or alive on 5/11/45  
 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 6 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace St. Louis (City, town, or county) (State or foreign country) Mo.  
 10. Usual occupation housewife

Immediate cause of death Bronchitis pneumonia Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Sen. arteriosclerosis  
(Include pregnancy within 3 months of death)

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Hy. Roebe  
 13. Birthplace Germany (City, town, or county) (State or foreign country) 4  
 14. Maiden name Livingston unknown  
 15. Birthplace Germany (City, town, or county) (State or foreign country) 4

**PHYSICIAN**  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy Same plus; Kidney Stone with debris of kidney  
 Underline the cause to which death should be charged statistically.

16. (a) Informant William Weber  
 (b) Address 2619 a Missouri Av.  
 17. (a) Burial (b) Date thereof 5-14-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New St. Marcs Cemetery  
 18. (a) Signature of funeral director Witt Bros. & V. Co.  
 (b) Address 2329 S. Jefferson  
 19. (a) MAY 15 1945 (b) J. J. Prudeck  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_  
 23. Signature E. W. Gibson (M. D. or other) 5/11/45  
 Address 1515 a Lafayette Date signed \_\_\_\_\_

MAY 15 1945

(Licensed Embalmer's Statement on Reverse Side)

**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..... *R. E. Campbell* .....

Licensed Embalmer No..... *3881* .....

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.**