S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1945

Registration District No. 1909

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16112

Primary Registration District No. 1002

Registrar's No. 2137

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: Vineyard Park Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 mo. 19 days (Specify whether years, months or days)

In this community: 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 3129 Forest
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: FRED WEBER

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Ma

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mae Weber

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

7. Birth date of deceased: October (Month) 17 (Day) 1871 (Year)

8. AGE: Years 73 Months 6 Days 28 If less than one day: hr. min.

9. Birthplace: Peoria (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Piano Tuner

11. Industry or business:

FATHER
12. Name: August Weber
13. Birthplace: Umstadt (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Johanna Pabst
15. Birthplace: Umstadt (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Carl Weber
(b) Address: 4102 Main St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.

19. (a) 5-17-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1945 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from 1-1, 1945, to 5-15, 1945; that I last saw him alive on 5-14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	1 hr
Due to Arteriosclerosis	1 yr
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: J. G. Shelton (M. D. or other)

Address: [illegible] Date signed 5-17-45

(Licensed Embalmer's Statement on Reverse Side)

K C Mo

Forward Park Hosp.
Feb 2082

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.