S. No. 2
M—5-43
v. 5-17-39
I X36671

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

1991

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4188

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 213

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Maplewood Nursing Home 4 (If not in hospital or institution, write street number or location)

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

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")

(d) Street No. 2619 Missouri Av. 6 (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME William Weber

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced widower

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

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

7. Birth date of deceased ~~July~~ Sept 17 1878 (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation Candy Salesman

11. Industry or business .....

FATHER
12. Name Erwin H. Weber 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Weinhagen
15. Birthplace St. Louis (City, town, or county) (State or foreign country)

16. (a) Informant Erwin Weber

(b) Address 3345a Indiana Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-46 (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus Cem

18. (a) Signature of funeral director Witt Bros. L & N Co.

(b) Address 2929 S. Jefferson Av.

19. (a) 1-23-46 (Date received local registrar) (b) E. G. McGarran MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23 year 1946 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from 11-26-46, 19..., to 1-21, 1946; that I last saw him alive on 1-21-46, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, bronchial	4 days
Due to: mild cerebral accident	5 days
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Had operation for hernia Dec. 1946

Of autopsy none

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) no

(b) Date of occurrence none

(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 E. Pratt M.D. (M. D. or other)

Address 3250 Lafayette St. Louis 41 Date signed 1-23-46

(Licensed Embalmer's Statement on Reverse Side)

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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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed F. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 S. Jefferson ave

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.