

FILED MAY 13 1946

Registration District No. 110

Primary Registration District No. 5-425

Registrar's No. 20

1. PLACE OF DEATH:

(a) County **Franklin**
(b) City or town **Rural- Boeuf**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **John Brethorst Residence /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **36 hours** (Specify whether years, months or days)
In this community **36 hours**

3. (a) PRINT FULL NAME

FREDERICK JOHN WEBER

3. (b) If veteran, name war **No** 3. (c) Social Security No. **496-20-9601**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, **XXXXXX**
XXXX married
6. (b) Name of husband or wife **Mary Weber** 6. (c) Age of husband or wife if alive **35** years
7. Birth date of deceased **September 16 1890**
(Month) (Day) (Year)

8. AGE: Years **55** Months **7** Days **4** If less than one day **hr. min.**

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

10. Usual occupation **Bartender**

11. Industry or business **Salon**

12. Name **Henry Weber**
13. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Yetta Zoch**
15. Birthplace **Unknown** **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Weber**
(b) Address **4833 & St. Louis Ave. St. L. Mo.**
17. (a) **Removal** (b) Date thereof **4/21/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mo. Lebanon Cem St. L. Mo.**

18. (a) Signature of funeral director **Sullivan Brothers**
(b) Address **2849 N. Euclid Ave. St. L. Mo.**
19. (a) **Apr. 21-46** (b) **Jeffie A. Granger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **ooo**
(c) City or town **St. Louis, Mo.** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4833 a St. Louis Avenue,** **9**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20th**
year **1946** hour **11** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Apr. 20** 19**46** to **19**;
that I last saw him alive on **Apr. 20,** 19**46**;
and that death occurred on the date and hour stated above.
Immediate cause of death **Mitral Stenosis** **10 yrs.**
Duration

Due to **Mitral incompetency** **unknown**
Due to **Chronic endocarditis** **1**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **921**
Of autopsy **921**
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 **Ed A. Jeter, D.O.** (M. D. or other) **2**
Address **Herrmann, Mo.** Date signed **4/24/46**

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

5-10-46

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

THIS BODY WAS NOT EMBALMED.

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

Signed

Herman Blumer

Licensed Embalmer No.

P. O. Address

Berger 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.