

S. No. 2  
M-8-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15305

FILED APR 14 1946

State File No. \_\_\_\_\_

3618

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6732 Virginia Ave  
(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  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6732 Virginia Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mary Viola 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 Jacob Weber

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

7. Birth date of deceased June (Month)

24 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>9</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace

Mo (City, town, or county) (State or foreign country)

10. Usual occupation

House work

11. Industry or business

at home

12. Name

Peter Mc Cleenhan

13. Birthplace

Unknown (City, town, or county) (State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown (City, town, or county) (State or foreign country)

16. (a) Informant

Margie Hull

(b) Address

6732 Virginia Ave

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

4/20/46 (Month) (Day) (Year)

(c) Place: burial or cremation

Sanke Mo

18. (a) Signature of funeral director

Pendle Rd Co.

(b) Address

1480 Michigan

19. (a)

(Date received local registrar) APR 19 1946

(b) (Registrar's signature) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18th day April -  
year 1946 hour during sleep minute 15 M.

21. I hereby certify that I attended the deceased from November  
2nd, 1945 to death, 1946  
that I last saw her alive on March 14, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis 5+ years  
Due to chronic endocarditis 25+ years  
(initial)  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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) (a) Means of injury \_\_\_\_\_

23. Signature Burchard Shurts (M. D. or other) MD  
Address 6006 Virginia Avenue Date signed 4/19/46

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

MOTHER FATHER

**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.....

*Oliver E. Lumbkin*

Licensed Embalmer No. *4146*

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.**