

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25841

State File No. 5876
Registrar's No.

FILED JUL 16 1946
318

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3018 Miami Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 70 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Stephen Weber
3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louisa Ashoff
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 27, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 2 5 hr. min.

9. Birthplace Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Cabinet Maker

11. Industry or business Cabinet Making

12. Name Unknown Weber

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant John S. Weber

(b) Address 3018 Miami Street

17. (a) Burial (b) Date thereof July 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1926 St. Louis Avenue

19. (a) JUL 3 1946 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0077
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 916
(d) Street No. 3018 Miami Street (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2, year 1946 hour 12: minute 45 A.M.

21. I hereby certify that I attended the deceased from May 1, 1946, to July 2, 1946, that I last saw him alive on 7-2, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death.....
chronic myocardial infarction
Due to.....
Due to.....
Other conditions Similar to
(Include pregnancy within 3 months of death)

Duration
Physician
Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy.....

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.....
3. Signature Ch. L. Schuler (M. D. or other) 0 209
Address 1504 So. Grand Date signed 7/2/46

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

MOTHER FATHER

Dr. C. W. Gaertner
1504 South Grand
3:00 P. M.

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 Neal C. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis 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.