

FILED AUG 28 1946
318

Registration District No.

Primary Registration District No.

1003

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

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: DeSalage 0
(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 Illinois (b) County St Clair
(c) City or town Belleville sec 11
(If outside city or town limits, write "RURAL")
(d) Street No. 414 Lebanon ave 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country N.R.

3. (a) PRINT FULL NAME ALVINA WEBER

3. (b) If veteran, name war No 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 Alfred Weber 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 20 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 7 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business Starkley

12. Name Lorel Soars

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

14. Maiden name Mary Hamelbaum

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

16. (a) Informant Alfred J. Weber

(b) Address Belleville 414 Lebanon

17. (a) Missouri (b) Date thereof 8-5-1946
(Type, name, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri

18. (a) Signature of funeral director Fred G. Albrecht

(b) Address Missouri

19. (a) AUG 5 1946 J. J. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1946 hour _____ minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Altered glycolysis
W. H. Anderson, M.D., St. Louis
3rd. 1946 at about 10:45 AM
Due to Lung Abscess-non-tubercular

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 114

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) (Means of injury) 3

23. Signature J. J. Bradeck (M. D. or other) _____
Address St. Louis Date signed 9/5/46

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 Me

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

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address East St. Louis Ill

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.