

348740

State File No. _____

Registrar's No. 3195-

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1946

Registration District No. 367

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sunset Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/10
(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 162 No. Central 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Phil Weber

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Nov. 19 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 10 If less than one day _____ br. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name George Weber

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

14. Maiden name Margaret Schatweiller

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

16. (a) Informant Edna Weber

(b) Address 162 No. Central

17. (a) Cremation (b) Date thereof 10-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) 11-1-46 (b) Ruth G. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1946 hour 9 ⁰⁵ minute AM

21. I hereby certify that I attended the deceased from 10-27-46
to 10/29 1946
that I last saw him alive on 10/29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute Cardiac dilatation 1 day

Due to Chronic myocarditis 4 yrs

Due to arteriosclerosis 4 yrs

Other conditions Hypertension 4 yrs
(Include pregnancy within 3 months of death)

Major findings: 93d PHYSICIAN _____

Of operations _____

Of autopsy _____ 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) (e) Means of injury _____

23. Signature W. H. Sheslie (M. D. or other) MD

Address W. H. Sheslie Date signed 10/29/46

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

No. 2
-2-43
5-17-39
X35897

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 14700

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.