

FILED JUN 12 1947

Registration District No. 161

Primary Registration District No. 5594

Registrar's No. 23

1. PLACE OF DEATH:

(a) County JEFFERSON
 (b) City or town HOUSE SPRINGS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: MERAMEC TOWNSHIP
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 72 yrs 9 mos 11 days
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
 (c) City or town House Springs
 (If outside city or town limit, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ALBERT RAYMOND WEBER

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ELIZABETH WEBER (NAHLIK) 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased AUGUST 20 - 1874
 (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace HOUSE SPRINGS MO
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business OWN FARM

MOTHER FATHER { 12. Name FERDINAND WEBER 4
 13. Birthplace GERMANY BOHEMIA
 (City, town, or county) (State or foreign country)
 14. Maiden name BARBARA HERMAN
 15. Birthplace BOHEMIA
 (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth A. Weber
 (b) Address House Springs Mo

17. (a) Burial (b) Date thereof 6-7-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Filomena's Roman Catholic Church

18. (a) Signature of funeral director [Signature]
 (b) Address House Springs Mo

19. (a) 6-1-47 (b) Mrs. J. A. Huelke
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
 year 1947 hour 6 minute _____ P. M.
 21. I hereby certify that I attended the deceased from May 29th 1947 to May 31st 1947

that I last saw him alive on May 31st, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Duration _____

Due to Heart Failure

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

Major findings: Of operations - JJA Of autopsy _____
 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) (e) Means of injury 13
 23. Signature J. B. Edwards (M. D. or other) _____
 Address Ordor Hill Date signed 5/31/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 11 1947

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed *John H. Bunker*

Licensed Embalmer No. 1470

P. O. Address House Springs, 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, above space should be left blank.