

FILED AUG 21 1948

Registrar's No. 2552

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1824 A. BENTON STR
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 YRS.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1824 A. BENTON STR.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME AMALIA WEBER.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 8TH
year 1947. hour 3:10 minute P.

21. I hereby certify that I attended the deceased from Jan 27
Aug 8 1947 to Aug 7 1947
that I last saw alive on and that death occurred on the date and hour stated above.
Duration

Immediate cause of death Heart & bronchus

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WENZEL WEBER

6. (c) Age of husband or wife if alive DECD
17TH 1857

7. Birth date of deceased: (Month) MARCH (Day) 17TH (Year) 1857

8. AGE: Years 90 Months 4 Days 21
If less than one day — hr. — min.

9. Birthplace NEW HAMBURG MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

12. Name GEORGE ZIEGLER

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Emma Bugquist

(b) Address 1824 A Benton St

17. (a) BURIAL (b) Date thereof AUG. 11 = 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.
Brockland Awd. Co
1827 Hogan St.

18. (a) Signature of funeral director [Signature]

(b) Address 1827 Hogan St.

19. (a) AUG 9 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Due to arteriosclerosis -
hypertension

Due to Senility

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

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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 0

Address 1825 Market Date signed 7/8

PHYSICIAN
Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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

John S. Denneha

Licensed Embalmer No.

4194

P. O. Address.....

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.