No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29646

Registrar's No. 7976

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

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 75 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town ~~St. Louis~~ University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7002 Pershing Avenue 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country -

3. (a) PRINT FULL NAME Mrs. Maude E. Weber

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased February 18, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	6	3	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -

FATHER
12. Name Charles Etling 0
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Beckman 0
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Etling
(b) Address 6500 Odell Avenue

17. (a) Burial (b) Date thereof Aug. 23, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F.H. INC.
(b) Address 1936 St. Louis Avenue

19. (a) AUG 22 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1947 hour 9:30 A minute M.

21. I hereby certify that I attended the deceased from July 1940, 19, to August, 1947
that I last saw her alive on August 21, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 min
Due to	
Due to Coronary artery disease	1 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
Of autopsy	

PHYSICIAN

Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature Ramsbaum (M. D. ~~or other~~)
Address 3651 Grandel Sq Date signed 8-22-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Glen W. Holz

Licensed Embalmer No. 3734

P. O. Address 1936 St. Louis

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.