No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33133

Registrar's No. 8523

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: Park Lane Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4323 West Pine 9
(If rural, give location) 8
(e) Citizen of foreign country? (Yes or No) 19
If yes, name country

3. (a) PRINT FULL NAME Ronald Louie Weber
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 2 (Day) 1947 (Year)

8. AGE: Years 0 Months 1 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Child
11. Industry or business

MOTHER
12. Name Wilburn Weber
13. Birthplace Blackjack (City, town, or county) Missouri (State or foreign country)

FATHER
14. Maiden name Irene Sohn
15. Birthplace St. Clair (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Wilburn Weber
(b) Address 4323 West Pine
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Clair, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd
19. (a) SEP 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1947 11 hour minute 30 P M.
21. I hereby certify that I attended the deceased from Sept 4, 1947 19 to Sept 6, 1947; that I last saw him alive on Sept 6, 1947 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Sepsis associated a infection of cerebro-spinal fluid.
Due to Lumbar Meningocoel
Hydrocephalus.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

157

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)
While at work? (e) Means of injury 0
23. Signature (M. D. or other) J. C. Marz
Address 372 Washington Date signed 9-8-47

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.....Ernest W. Spillers

Licensed Embalmer No.....4080

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.