

FILED NOV 7 1947

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town SAINT LOUIS, MISSOURI
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: CITY HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 WEEK
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County and
 (c) City or town SAINT LOUIS 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4602 SAN FRANCISCO AVE. 9
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME MRS. LOUISA WEBER
 3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex. FEMALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. MARRIED
 6. (b) Name of husband or wife WILLIAM WEBER 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased JUNE 20th, 1875
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	4	9hr.min.

9. Birthplace SAINT LOUIS, MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business.....

12. Name MR. WILLIAM STEUBE

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

14. Maiden name MINNIE LINSTROTH

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

16. (a) Informant MR. WILLIAM WEBER

(b) Address 4602 SAN FRANCISCO AVENUE

17. (a) BURIAL (b) Date thereof 11/1/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ZIONS CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ

(b) Address 4828 NATURAL BRIDGE BOULEVARD

19. (a) OCT 30 1947 (Date received local registrar)
J. F. Braddock (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month OCTOBER day 29th
 year 1947 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from 10/22/47
, 19....., to Oct. 29th, 19 47
 that I last saw h. er alive on Oct. 29th
 and that death occurred on the date and hour stated above.

Immediate cause of death Hyper-tensive
cardio-vascular disease
 Duration 1 yr.

Due to.....
 Due to.....

Other conditions Cerebral vascular
accident
 (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 D

Signature Frank F. Marini (M. D. or other)

Address City Hospital Date signed 10/29/47

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

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 A. Minar

Licensed Embalmer No. *486*

P. O. Address..... *St. Louis, 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, fact should be so stated above.