

Registration District No. 111

Primary Registration District No. 5426

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Rural  
(c) Name of hospital or institution Bols Lyp.  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days) 78 yrs.

3. (a) PRINT FULL NAME

GUSTH WEBER

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex Female  
5. Color or race White

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased May 27-1869  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 26  
If less than one day hr. min.

9. Birthplace Oakfield Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business Food and C. Weber

12. Name Food and C. Weber

13. Birthplace not known Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna M. Heidgen

15. Birthplace not known Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Engineer Stricker

(b) Address Labadie Mo.

17. (a) cremation (b) Date thereof Nov. 26-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director W. H. H. H.

(b) Address Washington Mo.

19. (a) Nov. 25-47 (b) Mary H. H.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin  
(c) City or town Labadie Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Bols Lyp.  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23  
year 1947 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from June  
1947 to July 1947.

that I last saw her alive on July 9 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations CH

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. H. H. (M. D. or other) MD

Address Washington Mo. Date signed Nov 24, 47

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 1/5/48

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  
Mamie M. Willenbink, Registered Apprentice No. 442  
working under my personal supervision.

Signed 

Licensed Embalmer No. 2464

P. O. Address Washington 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.