S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10806

FILED MAR 23 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2496

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Crystal City 0
(If outside city or town limits, write "RURAL")
(d) Street No. # 4 Twelfth Street 0
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Ellen Weber
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced SINGLE 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY (Month) 24 (Day) 1871 (Year)

8. AGE: Years 76 Months 9 Days 17 If less than one day hr. min.

9. Birthplace PERRYVILLE (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation HOUSEKEEPER
11. Industry or business
FATHER
12. Name LAWRENCE WEBER 4
13. Birthplace (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name CHRISTINA GRASSICK
15. Birthplace (City, town, or county) GERMANY (State or foreign country) 4
16. (a) Informant MRS. ANNA WENKER
(b) Address #2 RYAN ST., FESTUS, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation FESTUS, MO
18. (a) Signature of funeral director Albert K Hopper
(b) Address 4700 Washington Blvd
19. (a) MAR 12 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 11 day 11
year 1948 hour 7 minute 40 P M.

21. I hereby certify that I attended the deceased from February 27, 1948, to March 11, 1948
that I last saw her alive on March 11, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the pancreas	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy None performed.

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 F R Bradley (M. D. ~~or other~~)
Address Barnes Hospital Date signed 3/12/48

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 Elmer R. Cadwell

Licensed Embalmer No. 4077

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.