

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1948

318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14768
State File No. 3785
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 3902 a Miami
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1900
(c) City or town St. Louis 17
(d) Street No. 3902 a Miami Ave. 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Frank H. Weber
(b) If veteran, name war No
(c) Social Security No. 489-12-5094

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19th
year 1948 hour 3:30 minute 00 P. M.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife Belle
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Nov. 1st, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 5 18 hr. min.

Immediate cause of death
Cerebellar apoplexy
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace Potosi Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

11. Industry or business Unknown
12. Name Unknown 9
13. Birthplace Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (State or foreign country)

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?

16. (a) Informant Alfred Weber
(b) Address 4123 Tyrolean
17. (a) Burial (b) Date thereof 4/22/48
(c) Place: burial or cremation Mt. Lebanon Cemetery

23. Signature (M. D. or other) 3
Address _____
Date signed 4/22/48

18. (a) Signature of funeral director W. H. H. Co.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) APR 22 1948 (Date received local registrar)
J. F. Brasich (Registrar's signature)

While at work (Specify type of place) (a) Means of injury
23. Signature (M. D. or other) 3
Address _____
Date signed 4/22/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to 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

Robert C. Wheeler

Licensed Embalmer No.

3128

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.