. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14764

FILED MAY 15 1948 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4180

120

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

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: 4458a Ashland Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 26 years
years, months or days)

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. 4458a Ashland Avenue 9
(If rural, give location)
10 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mr. Henry F. Weber
3. (b) If veteran, name war ------ 3. (c) Social Security No. .....

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs. Clara Weber 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased September 2, 1893
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Pilot Knob Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Checker
11. Industry or business Tea & Coffe Company
FATHER
12. Name Weber
13. Birthplace 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Minnie Baumann
15. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Clara Weber
(b) Address 4458a Ashland Avenue
17. (a) Burial (b) Date thereof 5-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Gardens
18. (a) Signature of funeral director Beiderwieden F.H.Inc.
(b) Address 1936 St. Louis Avenue
19. (a) ..... (b) J. F. Bredeck
(Date received local registrar) MAY 3 1948 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1948 hour 6 minutes 30 P. M.
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.

Immediate cause of death ..... Duration
Chronic Endocarditis
Cirrhosis of Liver
Due to Hemorrhagic Gastritis
Due to .....
Other conditions 1 24
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

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 5
23. Signature Patrick E. Taylor Dep Cor (M. D. or other)
Address 1300 Clark Date signed 5-3-48

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 Neal W. Pawlson

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis Ave

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.