

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**STANDARD CERTIFICATE OF DEATH**

21790 ✓  
State File No. \_\_\_\_\_  
Registrar's No. 1403

Registration District No. 517

Primary Registration District No. 6076

**1. PLACE OF DEATH:**

(a) County St. Louis  
(b) City or town Affton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8743 McKenzie /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days)

3: (a) PRINT FULL NAME William A. Weber

3. (b) If veteran, name war: --- 3. (c) Social Security No. ---

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 22 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Gardenville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nurseryman

11. Industry or business Webers Nursery

12. Name Henry J. Weber

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

14. Maiden name Christina Sutter

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Weber

(b) Address 8743 McKenzie

17. (a) Burial (b) Date thereof: 6/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker - Wilderle

(b) Address 3634 Gravois Ave.

19. (a) 6-5-48 (b) Carla J. [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis 76  
(c) City or town Affton 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8743 McKenzie 0  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 3  
year 1948 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from April 29, 1948 to 2 June, 1948;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the stomach 18 months  
Gen. carcinomatous 6 months  
Due to 468

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of stomach 468  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**PHYSICIAN**

Underline the cause to 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? \_\_\_\_\_

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

23. Signature W. W. Franman (M. D. or other) \_\_\_\_\_  
Address 9436 Gravois Date signed 6.4.48

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

7  
9  
0  
0

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**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 Wheeler

Licensed Embalmer No. 2128

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.**