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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1948

Registration District No. 31

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24930

Primary Registration District No. 3069

Registrar's No. 130

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County S
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2009 Mallinckrodt
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JACOB A. WEBER
3. (b) If veteran, name war
3. (c) Social Security No. 488-09-7208

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Theresa Berwert Weber
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased April (Month) 10 (Day) 1881 (Year)

8. AGE: Years 67 Months 3 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Switzerland (State or foreign country)
10. Usual occupation Mill Operator
11. Industry or business Mallinckrodt Chemical
FATHER
12. Name Jacob Weber
13. Birthplace (City, town, or county) Switzerland (State or foreign country)
MOTHER
14. Maiden name Louisa Feldman
15. Birthplace (City, town, or county) Switzerland (State or foreign country)
16. (a) Informant Theresa Weber
(b) Address 2009 Mallinckrodt
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Blvd.
19. (a) 7-26-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1948 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 1 1947 to July 25 1948 that I last saw him alive on July 25 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic carcinoma	1 yr
Due to Carcinoma of sigmoid	3 yr
Due to 46 2	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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

23. Signature Fred Kramer (M. D. or other) M.D.
Address 634 N Grand Date signed 7-26-48

(Licensed Embalmer's Statement on Reverse Side)

601 Brentwood Blvd.

694 No Brand

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 Ronald Yahnke

Licensed Embalmer No. 3417

P. O. Address St Louis

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.