FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948
Registration District No. 7/6

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 52,114

Registrar's No. 137

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: East Sixth St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community 21 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Arnold
(If outside city or town limits, write "RURAL")
(d) Street No. x
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Frances Weber
3. (b) If veteran, name war x
3. (c) Social Security No. x

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased February (Month) 15 (Day) 1879 (Year)

8. AGE: Years 69 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Neier (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business x

MOTHER
12. Name Herman Henry Weber
13. Birthplace Washington (Rural) Missouri (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Maria Priester
15. Birthplace St. Louis Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant Miss Kathryn Weber
(b) Address Washington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Kuhrig & Vitt
(b) Address Washington, Missouri
19. (a) Nov. 1, 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1948 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec 1, 1946 to Oct 28, 1948 that I last saw her alive on Oct 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio sclerotic Cardiac Vascular disease	2 yrs
Due to:	
Due to:	
Other conditions (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

23. Signature B B Steckmann (M. D. or other) M D
Address Union, Mo Date signed 10/30/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 10 1948

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 Lester A. Gilliam

Licensed Embalmer No. 3254

P. O. Address Washington, N

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.