

FILED APR 27 1945

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11901

State File No.

Registrar's No. 2240

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri Baptist
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution. 1 day
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Elizabeth Weber

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married 9 divorced. Widowed

6. (b) Name of husband or wife Louis H Weber alive years

7. Birth date of deceased July 13, 1863 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 0 hr. min.

9. Birthplace Litchfield Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER 12. Name John Lange
13. Birthplace Bremershaven Germany 11
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Ownens
15. Birthplace Oldenburg Germany 11
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie Weber
(b) Address 9511 Everman

17. (a) burial (b) Date thereof 4/16/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) APR 16 1945 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Overland 91
(If outside city or town limits, write "RURAL")
(d) Street No. 9511 Everman 13
(If rural, give location)
(e) Citizen of foreign country? 1
(Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1945 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from

—, 1945, to April 13, 1945;
that I last saw her alive on April 12, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion 1 day

Due to Hypertension years

Due to Chronic Digo Condition years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(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) (c) Means of injury

23. Signature Roy A. Kaether C. (M. D. or other)
Address 2438 Woodson Rd. Date signed Apr. 14/45

Duration

1 day

years

years

PHYSICIAN

Underline the cause to
which death
should be
charged sta-
tistically.

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.....

C. P. Kidwell

Licensed Embalmer No.

3877

P. O. Address....

7027 Gravois

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.