

11901

State File No.

FILED APR 27 1945

Registration District No. 318

Primary Registration District No.

Registrar's No. 3240

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (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)  
 (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. No. 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Louis H Weber 6. (c) Age of husband or wife if 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  
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business:

12. Name John Lange  
 13. Birthplace Bremershaven Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Fannie Ownens  
 15. Birthplace Oldenburg Germany  
 (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. Budeck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
 (c) City or town Overland 96  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 9511 Everman 13  
 (If rural, give location)  
 (e) Citizen of foreign country? i (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
 year 1945 hour 2 minute 45  
 21. I hereby certify that I attended the deceased from March  
39 to Apr. 13 1945  
 that I last saw her alive on Apr. 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 Myocarditis years

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations none

Of autopsy no

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) 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 Ray A. Waether (M. D. or other)  
 Address 2438 Woodson Rd. Date signed Apr. 14

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

**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.....

*E. 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.**