

REC'D APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8316
Do not use this space.
2081

791
1003

1. PLACE OF DEATH

(a) County ST. LOUIS MO. Registration District No. 1
(b) Township ST. LOUIS MO. Primary Registration District No. 1
(c) City ST. LOUIS MO. (d) Street No. 1816 COLEMAN ST. St. ST.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1816 COLEMAN ST. St. MO. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day or min.
65 10 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEKEEPER.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Ill.

13. NAME FRANK WEBER,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK.

15. MAIDEN NAME UNK,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK

17. INFORMANT (ADDRESS) C. Johnson, 2157 Maury av

18. BURIAL, CREMATION, OR REMOVAL PLACE VALHALLA CREM. DATE MARCH 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schmir, 3125 Lafayette av

20. FILED MAR 4 1939 J. F. Bredich, Local Registrar

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/ 2/39 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis;
Chronic Interstitial Nephritis;

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) Alfred J. Perry, M.D.

(Address) Deputy Coroner

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Jose B. Palma

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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, above space should be left blank.