

REG'D SEP 14 1939  
Registration District No. 791

Primary Registration District No. 1008

Registrar's No. 6890

## 1. PLACE OF DEATH:

(a) County 1  
 (b) City or town ST LOUIS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
DECONESS HOSP.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME FANNIE L. WEBER 1603. (b) If veteran, name war no 3. (c) Social Security No. none4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife EMIL 6. (c) Age of husband or wife if alive 57 years7. Birth date of deceased JULY 10 1883  
(Month) (Day) (Year)8. AGE: Years 56 Months \_\_\_\_\_ Days 26 If less than one day hr. \_\_\_\_\_ min.9. Birthplace DANBY MO  
(City, town, or county) (State or foreign country)10. Usual occupation HOUSE WIFE. 011. Industry or business HOME12. Name EDWARD LONG.13. Birthplace MO  
(City, town, or county) (State or foreign country)14. Maiden name MARY BOONER15. Birthplace NY  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Emil Weber.(b) Address 1026 LOURNBOROUGH AV.17. (a) BURIAL (b) Date thereof AUG. 8 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation MNT HORK CEM.18. (a) Signature of funeral director Joe P. Fendler Jr.(b) Address 7128 MICHIGAN. AV19. (a) AUG 8 1939 (b) J.P. Fendler Jr.  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 1  
 (c) City or town ST. LOUIS. 1  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1036 LOURNBOROUGH.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 5  
year 1939 hour 11 minute 30 P. M.21. I hereby certify that I attended the deceased from July 31  
1939, to Aug 5 1939;  
that I last saw her alive on Aug 5 1939;  
and that death occurred on the date and hour stated above.Immediate cause of death Interstitial nephritis, Acute appendicitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cirrhosis of liver  
(Include pregnancy within 3 months of death)Major findings: Obstruction of bowels & Acute appendicitis  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

1 week

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?

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

23. Signature Elletilde L. Tule (M. D. or other)  
Address 710 W. Michigan Date signed 7/7/39

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

NOV 29 1944

**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 *Joe P. Fendler*  
Licensed Embalmer No. *925*  
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, above space should be left blank.**