

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. **791**

Primary Registration District No. **1003**

4991

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Julia Weber

3. (b) If veteran, name war _____ 3. (c) Social Security No. 160

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

6. (b) Name of husband or wife Frederick 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 25th, 1870.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	9	12	hr. min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Frederick Holke

18. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Paul W. Mc Carthy

(b) Address 4204 Lake Park, Chicago Ill.

17. (a) Shipped (b) Date thereof 6/7/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ann Arbor, Michigan

18. (a) Signature of funeral director _____
(b) Address 7027 Gravois Ave.

19. (a) JUN 7 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2329 Ann
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7
year 1940 hour 8:15 minute 7 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____, and the death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Myocardial infarction
Systemic hypertension
Chronic glomerulonephritis

Due to when she was struck by a automobile

Due to run over by a automobile

Other conditions During the death
(Include pregnancy within 6 months of death)

Major findings: at Jefferson and Franklin
Of operations about 9:15 to June 5-1940

Of autopsy Accidental

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

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence 6/5/40

(c) Where did injury occur St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature Robert Perry (M. D. or other) _____
Address Repar, Corcoran Date signed 6/7/40

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

MOTHER FATHER

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. Kudweel

Licensed Embalmer No. *3877*

P. O. Address *4930th Robert*

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.