

FILED AUG 5 1940

S. No. 2
—11-16-39
7. 3-17-39
X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 26198Registration District No. 782Primary Registration District No. 200Registrar's No. 1411

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Wright
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8533 Philo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community Life
 years, months or days

3. (a) PRINT FULL NAME Christiana Weber 1603. (b) If veteran, _____ 8. (c) Social Security
 name war --- No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
 divorced Widow6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if
 alive --- years7. Birth date of deceased January 19, 1848
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
92 6 9 hr. min.9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)10. Usual occupation Home

11. Industry or business _____

12. Name Unknown Sutter13. Birthplace Germany
 (City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
 (City, town, or county) (State or foreign country)16. (a) Informant Walter G. Weber(b) Address 9025 Kansas17. (a) Burial (b) Date thereof 7/31/40
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Lucas, Sappington,18. (a) Signature of funeral director Wacker - Helderle(b) Address 2331 S. Broadway19. (a) JUL 29 1940 (b) W. R. Meyer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8533 Philo
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
 year 1940 hour 4 minute 45 p. m.21. I hereby certify that I attended the deceased from
June 3 1940 to July 28 1940
 that I last saw her alive on July 27 1940
 and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis 4 yrs
arteriosclerosis 10 yrs

Due to _____

Other conditions 930
 (Include pregnancy within 3 months of death)Major findings:
 Of operations _____

Of autopsy _____

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?
Mo. 707While at work? _____ (Specify type of place)
 (a) Means of injury _____23. Signature Frederic Youngman (M. D. or other) _____Address Sappington Mo Date signed 7/29/40

(Licensed Embalmers' Statement on Reverse Side)

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 Robert Wheeler
Licensed Embalmer No. 2128
P. O. Address St Louis Mo

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.