DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26613

SEP 25 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6509

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3001a McNair 2
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State O Missouri (b) County

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3001a McNair
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 63 years.

3. (a) PRINT FULL NAME JOSEPH WEBER

3. (b) If veteran, name war ------

3. (c) Social Security No. ------

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 25 (Day) 1855 (Year)

8. AGE: Years 84 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation Brewery Worker

11. Industry or business Retired 20 Yrs.

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Anthony H. Weber
(b) Address 5031 Rhodes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2 1940 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director J. H. Gebken Lic. & Und. Co.
(b) Address 2630 Gravois

19. (a) AUG 1 1940 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1940 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan. 3rd, 1940, to July 30, 1940, that I last saw him alive on July 30, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration 3 years

Due to: Arteri-Sclerosis — Duration 3 years

Other conditions (Include pregnancy within 3 months of death): None

Major findings:
Of operations
Of autopsy

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

23. Signature Julius Chas. Kotter (M. D. or other) M. D.
Address 2603 Cherokee St Date signed 7/31/40

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.