

3-40
-39
K2319

Registration District No. **791**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**

(c) Name of hospital or institution: **4149a W. Florissant Ave /**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether
In this community **48 Years** years, months or days)

3. (a) PRINT FULL NAME **Josephine Weber**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Joseph Weber** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **October 24, 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	5	1	hr. min.

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

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER {

12. Name **Matthew Schmid**

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

14. Maiden name **Not known**

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

16. (a) Informant **Joseph Weber**

(b) Address **4149a W. Florissant Ave**

17. (a) **Burial** (b) Date thereof **2/28/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **FEB 27 1941** (b) **J. H. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **100**

(c) City or town **St. Louis** **159**
(If outside city or town limits, write "RURAL")

(d) Street No. **4149a W. Florissant Ave**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **48 years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **25th**
year **1941** hour **11:30 PM** minute _____ M.

21. I hereby certify that I attended the deceased from **1-20-1941** to **2-25-1941**
that I last saw h. **W** alive on **2-25-1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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)

Means of injury _____

23. Signature **Missy B. B. B.** (M. D. or other) _____

Address **3519 Weber St.** Date signed **2-26-41**

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

William G. Buchholz

Licensed Embalmer No.

2110

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, fact should be so stated above.