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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12036

APR 9 1941

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 564

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Berliner Nursing Home. 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Missouri (b) County St. Louis 5
(c) City or town Stratman Mo. 0 (If outside city or town limits, write "RURAL")
(d) Street No. Olive St. Road (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Oscar Weber
3. (b) If veteran, name war x x
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 22 (Day) 1865 (Year)

8. AGE: Years 75 Months 2 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Retired Commission Man
11. Industry or business Food - Produce
FATHER
12. Name Jacob Weber
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Kathrine Dielman
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant William C. Weber
(b) Address Lemay, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem. Lemay Mo.
18. (a) Signature of funeral director John S. Ziegenhein & Sons.
(b) Address 7027 Gravois Ave.
19. (a) MAR 13 1941 (Date received local registrar) (b) F R May [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1941 hour 2:30 minute P M.
21. I hereby certify that I attended the deceased from Mar. 12 - 1941, to Mar. 12 1941; that I last saw him alive on Mar. 12 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy -	1 day
Due to Hypertention	
Due to 61	
Other conditions Diabetis - (Include pregnancy within 3 months of death)	
Major findings: Of operations None -	
Of autopsy None	

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 Roy A. Walther (M. D. ~~or other~~) 0
Address 2438 Woodson Rd. Date signed 9-13-41

(Licensed Embalmer's Statement on Reverse Side)

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 G. P. Kridwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.