No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40120

FILED JAN 24 1942

Registration District No. 791 1 | Primary Registration District No. 1003 | Registrar's No. 9832

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: O Park Lane Memorial Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson Count
(c) City or town Rural (If outside city or town limits, write "RURAL") O NR
(d) Street No. Hoene Springs (If rural, give location)
(e) Citizen of foreign country? C (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Genevieve Weber

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

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Leo Weber
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased April (Month) — 26 (Day) — 1901 (Year)

8. AGE: Years 40 | Months 7 | Days 15 | If less than one day ___ hr. ___ min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Frank Shaffrey
13. Birthplace Not known (City, town, or county) Not known (State or foreign country)

MOTHER
14. Maiden name Catherine O'Brien
15. Birthplace Not known (City, town, or county) Missouri C (State or foreign country)

16. (a) Informant Leo Weber
(b) Address Hoene Springs Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/13/41 (Month) (Day) (Year)
(c) Place: burial or cremation Hoene Springs Mo
18. (a) Signature of funeral director John L Zeigenhein & Son
(b) Address 7027 Gravois
19. (a) DEC (Date received by local registrar) (b) J. T. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11 year 1941 hour 11: minute 50 A.M.

21. I hereby certify that I attended the deceased from 5-10-41, 19__ to 12-11-41, 19__; that I last saw her alive on 12-11-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Toxemia and Pregnancy	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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 Geo. J. Smith (Attending physician or coroner) M.D.
Address 4500 Lindell St Louis Date signed 12-11

(Licensed Embalmer's Statement on Reverse Side)

78-2685

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. Kudweer

Licensed Embalmer No. 3877

P. O. Address 7027 Grano

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, fact should be so stated above.