

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9366

State File No. _____

FILED APR 8 1942 791

Primary Registration District No. 1003

Registrar's No. 2565

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:
1317 N. 20th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 21-17

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

(d) Street No. 1317 N. 20th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances Weber

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1942 hour 5 minute _____ P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Albert Weber 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 23, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 10, 1941 to March 20, 1942
that I last saw her alive on March 17, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>27</u>	_____ hr. _____ min.

Immediate cause of death Chronic Myocarditis Duration 2
Myocardiosclerosis 2

Due to General Arterio-Sclerosis 2

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Henry Hachmann

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Harry Weber

(b) Address 1941 O'Fallon St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42
(Month) (Day) (Year)

(c) Place: burial or cremation Rethany Cemetery

18. (a) Signature of funeral director Chas. Leon Funeral Home

(b) Address 4911 Washington Blvd

19. (a) _____ (b) J. F. Beckler
(Data received local registrar) (Registrar's signature)

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? _____ (c) Means of injury _____

23. Signature H. Louis Schuchat (M. D. coauthor)
Address 2200 Chestnut St. Date signed 3-21-42

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

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.