

FILED APR 8 1942 91

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

20  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
Alexian Bros. Hospital  
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME George Weber, Sr.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race W.

6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased Aug. 16th. 1856  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>7</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business \_\_\_\_\_

12. Name ? Weber

18. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant George L. Weber  
(b) Address 1432 John Ave.

17. (a) Burial (b) Date thereof 3-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Provost Und. Co.  
(b) Address 3710 N. Grand Blvd.

19. (a) MAR 18 1942 (b) J. F. Foredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 000 17

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

(d) Street No. 1432 John Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th.  
year 1942 hour 11.10 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 17 to March 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia lobes 4 days

Due to Hypertrophy Prostate Gland

Due to Cyclonephritis 20 days

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings: Supra Pubic drainage  
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 Thos. H. Weinsberg (D. or other) 0  
Address 3232 Lafayette Date signed Mar. 18, 42

Chas Memorial  
3232 Lafayette  
9-10  
3-4

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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 A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand B

**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, above space should be left blank.