

S. No. 2  
M-5-42  
5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29273

LED OCT 1 1942  
318

State File No. \_\_\_\_\_  
Registrar's No. 7750

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(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 Missouri (b) County 268  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 47  
(d) Street No. 6452 Oakland (If rural, give location) 9  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis G. Weber  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-18-3482

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 15 year 1942 hour 12 minute 00

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Weber 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 5, 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 31, 1942 to Sept. 15, 1942, that I last saw him alive on Sept. 15, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
55 4 10 hr. min.

Immediate cause of death Carcinoma of esophagus Duration \_\_\_\_\_  
Due to \_\_\_\_\_

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

Due to Hb  
Other conditions Esophagus-tracheal fistula  
(Include pregnancy within 3 months of death)

10. Usual occupation Nil

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy as above

16. (a) Informant Mary Weber  
(b) Address 6452 Oakland

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/42  
(Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

(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? no (Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Edith E. Ambruster  
(b) Address 4234 Manchester

23. Signature J. F. Beedeck (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed \_\_\_\_\_

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

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

MAR 29 1949

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Henry Egnok*.....  
Licensed Embalmer No. *1284*.....  
P. O. Address *H. Linn Ma*.....

**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.**