

FILED SEP 23 1942 318

Registration District No.

Primary Registration District No. 1003

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 days
(Specify whether
In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME Richard F. Weber

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa Weber 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 7, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 5 hr. min.

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

10. Usual occupation Cabinet maker

11. Industry or business

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

16. (a) Informant Mrs Theresa Weber
(b) Address 639 East Harris Ave

17. (a) Burial (b) Date thereof 9/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Math Hermann & Sons
(b) Address 2161 East Fair Ave

19. (a) SEP 13 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 639 East Fair Ave
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th
year 1942 hour 3:00 AM minute M.

21. I hereby certify that I attended the deceased from Aug 22 1942 to Sept 12 1942
that I last saw him alive on Sept 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Pneumonia (Septic) 4 days

Due to infection following upper respiratory tract

Due to infection caused by

Other conditions infection with known
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

Of autopsy 107

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) (a) Means of injury

23. Signature Donald H. Sledge (M. D. or other) 4-2
Address 705 Olive St. St. Louis Date signed 9-12-42

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

