

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

600

FILED FEB 1 1943  
Registration District No. 818

Primary Registration District No. 1000

Registrar's No. ....

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:  
3729 Bamberger  
(If not in hospital or institution, write street number or location)

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

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. 3729 Bamberger  
(If rural, give location)

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

3. (a) PRINT FULL NAME Emma Weber

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emil F. Weber 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased August 19 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 5 0 ..hr. ....min.

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

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name Anton Meyer

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Gruber

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

16. (a) Informant Emil F. Weber

(b) Address 3729 Bamberger

17. (a) Burial (b) Date thereof 1-22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John Ziegenhagen

(b) Address 7027 Gravois Ave

19. (a) JAN 21 1943 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 19  
year 1943 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Jan 6 1943 to Jan 19 1943  
that I last saw h. er alive on Jan 19 1943  
and that death occurred on the day and hour stated above.

Immediate cause of death apoplexy -

Due to arterio-sclerosis

Due to 8 1/2

Other conditions (Include pregnancy within 3 months of death) 8 1/2

Major findings: Of operations.....

Of autopsy.....

Duration 6 weeks

3 years

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?.....

23. Signature J. J. Bredek (Specify type of place) while at work? (r) Means of injury.....  
Address 3548 S. Shaw (M. D. or other) Date signed 1/20/43

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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..... *C. P. Kidwell* .....

Licensed Embalmer No. *3877* .....

P. O. Address..... *7027 Graves* .....

**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.**