

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3787**

FILED MAY 3 1943 818
Registration District No. _____

Primary Registration District No. **1003**

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:
4500 Washington Blvd. Good Samaritan Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 Years**
(Specify whether
In this community **?**
years, months or days)

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. **4500 Washington Blvd.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country. **0**

3. (a) PRINT FULL NAME **Louise Weber**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 20, 1853**
(Month) (Day) (Year)

8. AGE: Years **89** Months **5** Days **1** If less than one day _____ hr. _____ min.

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

10. Usual occupation **None**

11. Industry or business _____

12. Name **Jacob Weber**

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

14. Maiden name **Elizabeth Zimmerly**

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

16. (a) Informant **Rev. J. H. Overbeek, Supt.**

(b) Address **4500 Washington Blvd.**

17. (a) **Burial** (b) Date thereof **April 24, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Calvin F. Feutz, Fun. Home**

(b) Address **4828 Natural Bridge Blvd.**

19. (a) **APR 23 1943** (b) **J. F. Bradeak**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21**,
year **1943** hour **12** minute **A.M.**

21. I hereby certify that I attended the deceased from **April 4**, 19**43** to **April 21**, 19**43**
that I last saw him alive on **April 20**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**
Due to **93**
Due to _____

Other conditions **Chronic myocarditis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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)
(e) Means of injury **0**
23. Signature **H. F. Bergman** (M. D. or other) **M.D.**
Address **3750 Washington** Date signed **4/23/43**

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.....

John A. Mullan....., Registered Apprentice No.....
working under my personal supervision.

Signed *John A. Mullan*.....

Licensed Embalmer No. *4186*.....

P.O. Address *St. Louis 976*.....

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.