

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16731

Registrar's No. _____

FILED MAY 27 1943

Registration District No. 318Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 DAYS
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)3. (a) PRINT FULL NAME Gustave O. Weber

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Helene Weber 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased 2 16 1899
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 29 If less than one day hr. min.9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)10. Usual occupation Hard Wood Floor Man11. Industry or business himself12. Name Daniel Weber13. Birthplace St. Louis
(City, town, or county) (State or foreign country)14. Maiden name Emma Rossler15. Birthplace Kearville
(City, town, or county) (State or foreign country)16. (a) Informant Harold Adams(b) Address 2857 Wynona17. (a) Cremation (b) Date thereof 5-18-1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Crematory18. (a) Signature of funeral director Iruth Epler Mackay(b) Address 4024 Lindell19. (a) MAY 16 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4120 - California
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15,
 year 1943 hour 9:30 minute A. M.21. I hereby certify that I attended the deceased from April
29, 1943 to May 15, 1943;
 that I last saw him alive on May 15, 1943
 and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Tuberculosis
 Duration _____

Due to _____

Due to 17Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
 Of operations _____Of autopsy Refused.

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?
(Specify type of place)

While at work? _____ Means of Injury _____

23. Signature Drew on Release (M. D. or other) _____Address 1515 Lafayette Avenue Date dictated 5/14/43

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

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.....

John Ketter
Licensed Embalmer No. *3880*

P. O. Address.....

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.