

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19198

Do not use this space.

1. PLACE OF DEATH

(a) County SALINE Registration District No. 324  
(b) Township \_\_\_\_\_ Primary Registration District No. 3072 Registered No. 857  
(c) City MARSHALL (d) Street No. 0 FITZGERALD'S HOSPITAL St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, give its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 5 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FRED. C. WEBER

(a) Residence, No. SALINE Co. St.  (If nonresident, give city or town and State) 11  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 17-1896  
7. AGE YEARS 56 MONTHS 8 DAYS 23 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER  
9. Industry or business in which work was done, as saw mill, bank, etc. TILLEN & SAIL  
10. Date deceased last worked at this occupation (month and year) APR. 6, 1943 11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) SALINE Co (STATE OR COUNTRY) Mo

13. NAME EDWARD WEBER

14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

15. MAIDEN NAME ADELHEID BRANDT

16. BIRTHPLACE (CITY OR TOWN) Johnson Co (STATE OR COUNTRY) Mo

17. INFORMANT Miss Anna Brandt (ADDRESS) Cent Exp. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Holy Cross Cemetery DATE April 13, 1943

19. FUNERAL DIRECTOR (NAME) R. C. Chester (ADDRESS) Cent Exp. Mo

20. FILED 4-13 1943 Mo T. O. Woodruff Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10 1943  
22. I HEREBY CERTIFY, That I attended deceased from April 5, 1943, to April 10, 1943  
I last saw him alive on April 10, 1943. Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis  
836  
Other contributory causes of importance: None Known

Name of operation Hemolysis Date of Oct 43  
What test confirmed diagnosis? Chest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) R. C. Chester, M. D.  
(Address) Marshall Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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MAY 20 1943

50M-9-18  
1 X18605

5-15-43

DEC 6 1945

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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..... *R. C. Carter* .....

Licensed Embalmer No. *3513* .....

P. O. Address..... *Shuttsville, Mo* .....

**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, above space should be left blank.