

FILED NOV 10 1944
Registration District No. 378

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 Mo**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3508a Humphrey St /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... **Life**
 years, months or days)

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

3. (b) If veteran, name war..... **No**

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

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife..... **Charles**

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **Sept 22 1854**
 (Month) (Day) (Year)

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

90 1 10 hr. min.

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

10. Usual occupation **Housework at Home**

11. Industry or business.....

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs Dora Breitbuh**

(b) Address **3508a Humphrey St**

17. (a) **Burial** (b) Date thereof **11 4 44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Peter Paul Cem**

18. (a) Signature of funeral director **KRIEGSHAUSER UND CO**

(b) Address **4228 So. Kingshighway**

19. (a) **NOV 2 1944** (b) **J. J. Bredack**
 (Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **MO**

(c) City or town..... **St. Louis** **167**
 (If outside city or town limits, write "RURAL")

(d) Street No. **3508a Humphrey St** **167**
 (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **2**
 year **1944** hour **6 AM** minute..... M.

21. I hereby certify that I attended the deceased from **Oct 1, to**
 19 **44** to **death** 19.....
 that I last saw her alive on **Oct 28,** 19 **44**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Intra abdominal organ**
carcinoma

Due to..... **55**

Due to.....

Other conditions..... **ascites Diag**
 (Include pregnancy within 3 months of death)
made from ascitic fluid

Major findings.....

Of operations.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy..... **none**

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. Bredack** (M. D. or other) **MO**
 While at work?..... (Specify type of place)
 (a) Means of injury..... **0**
 Address **2115 S Grand** Date signed **11-2-44**

Dr Fabian Burke

Dickman Bldg

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.....

Edwin D Mc Dermott

Licensed Embalmer No.....

3024

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.