DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 882

Registrar's No. 851

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: 6432 Virginia
(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)

In this community 1 M.

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County St Louis Mo

(c) City or town 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6432 Virginia Av 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jacob Weber

3. (b) If veteran name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Mary V Weber

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct (Month) 26 (Day) 1869 (Year)

8. AGE: Years 74 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name Henry Weber

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

14. Maiden name Unknown

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

16. (a) Informant Mary V Weber

(b) Address 6432 Virginia

17. (a) B (Burial, cremation, or removal) (b) Date thereof 1/29/44 (Month) (Day) (Year)

(c) Place: burial or cremation Danby Mo

18. (a) Signature of funeral director Pendlin Und Co

(b) Address 7420 Michigan Av

19. (a) JAN 28 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 45 hour 7 minute a M.

21. I hereby certify that I attended the deceased from Jan 5, 1945, to Jan 27, 1945, that I last saw him alive on Jan 26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work (e) Means of injury

23. Signature J M Barker M D (M. D. or other)

Address 1504 S. Jefferson (4) Date signed 1/27/45

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING INK

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.