7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

14206

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15306

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3107

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: Alexian Brothers Hospital 0
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 110 W. Fillmore st.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert T. Weber
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Weber
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased October (Month) 11 (Day) 1882 (Year)
8. AGE: Years 63 Months 5 Days 20 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Grocer
11. Industry or business Owner
MOTHER FATHER
12. Name Timothy Weber 4
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Margaret Zittman
15. Birthplace (City, town, or county) Austria 4 (State or foreign country)
16. (a) Informant Katherine Weber
(b) Address 110 W. Fillmors st.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 46 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul Cem
18. (a) Signature of funeral director C. Hoffmeister U.&L.Co
(b) Address 7814 S. Broadway
19. (a) APR 3 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1946 hour 4 minute 30 p. M.
21. I hereby certify that I attended the deceased from June 1940 to April 1 1946 that I last saw h. alive on April 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Chr Myocarditis	1 yr.
Due to	
Other conditions Pernicious Anemia (Include pregnancy within 3 months of death)	6 yrs

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 Mary Lindhold (M. D. or other) MD
Address 5122 Dun Pl Date signed 4/2/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Max Starkloff

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.