S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25839

50195

FILED AUG 5 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6569

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 St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 017

(c) City or town St. Louis 239
(If outside city or town limits, write "RURAL")

(d) Street No. 2611 S. Broadway D
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HENRY WEBER

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased July (Month) 11 (Day) 1879 (Year)

8. AGE: Years 67 Months 0 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation Retired barber

11. Industry or business

MOTHER FATHER

12. Name Bernhardt Weber

13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

14. Maiden name Catherine Marshalette

15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Otto Krieg

(b) Address 1111 S. Taylor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/46 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Macker-Hellebe

(b) Address 3634 Gravois Ave.

19. (a) JUL 26 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1946 hour 2:20 minute P M.

21. I hereby certify that I attended the deceased from July 21, 1946, to July 24, 1946, that I last saw him alive on July 24, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure — Duration

Due to Chronic Arteriosclerotic Heart Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

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 Albert H. Madsen (M. D. or other)

Address 1515 Lafayette Avenue Date signed 7/25/46

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C Wheeler

Licensed Embalmer No. 2178

P. O. Address St Louis 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, fact should be so stated above.