

No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 3257  
Registrar's No. 646

FILED FEB 3 1947  
318

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Anthony Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

3. (a) PRINT FULL NAME Infant 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 Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased January 18 1947  
(Month) (Day) (Year)

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

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

10. Usual occupation None

11. Industry or business

12. Name  
13. Birthplace  
14. Maiden name Phyllis Weber  
15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Arthur E. Weber  
(b) Address 24 Wydown Terrace, Clayton, Mo.

17. (a) Burial (b) Date thereof Jan. 20, 1947  
(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary  
(b) Address 2842 Meramec St.

19. (a) JAN 20 1947 (b) J. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Clayton, Mo.  
(d) Street No. 24 Wydown Terrace  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 18  
year 1947 hour 11:30 minute 8 M.  
21. I hereby certify that I attended the deceased from Jan 18 1947 to 19...  
that I last saw him alive on 19... and that death occurred on the date and hour stated above.  
Immediate cause of death Premature (5 Mo) (Lived one hr)  
Duration  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death) 157  
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?

While at work? (Specify type of place) (c) Means of injury  
23. Signature Joseph P. Ferris (M. D. or other)  
Address 406 S. 50th St. Date signed 1/20/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

96  
2  
2  
1

**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.

**NO EMBALMING**  
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Signed.....  
*Joe D. Benz*

Licensed Embalmer No. 4249  
2842 Meramec St.  
P. O. Address St. Louis, Missouri, 18.

**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.**