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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947
62774

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7105

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1712

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri.

(b) City or town: (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: (Specify whether)
In this community: 63 yrs.
years, months or days)

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.: 8721 Halls Ferry
(If rural, give location)

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

If yes, name country: —

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3. (a) PRINT FULL NAME: ELIZABETH WEBER

3. (b) If veteran, name war: =

3. (c) Social Security No.: =

4. Sex: Fe

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: W 21

6. (b) Name of husband or wife: AILT WILKEN WEBER

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

7. Birth date of deceased: AUG (Month) 18 (Day) 1862 (Year)

8. AGE: Years 84 Months 5 Days 29 If less than one day hr. min.

9. Birthplace: PRUSSIA (City, town, or county) GERMANY (State or foreign country)

10. Usual occupation: Nil

11. Industry or business: =

FATHER
12. Name: CONRAD HUCKE
13. Birthplace: (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name: GERTRUDE SCHROEDER
15. Birthplace: (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant: Mrs. Werner Buecker
(b) Address: 8721 Halls Ferry Rd.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 2-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation: LITCHFIELD, ILL

18. (a) Signature of funeral director: Bedemeier Funeral Home
(b) Address: 1936 St. Louis Av.

19. (a) FEB 19 1947 (Date received local registrar) (b) J. F. Bradell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th year 1947 hour 5:20 minute P M.

21. I hereby certify that I attended the deceased from 1/15/47, 19..., to 2/17/47, 19...; that I last saw her alive on 2/17/47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	
Due to: + Squamous cell carcinoma of face	5 yr
Due to:	5 yr
Other conditions (Include pregnancy within 3 months of death): senile psychosis	

Major findings:
Of operation:
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: (Means of injury) 0

23. Signature: Annetta Deem MD
Address: 1515 Lafayette (Physician or other) 2/18/47 Date signed

(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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.