

S. No. 2
-12-45
5-17-39
I X47070

FILED JUN 23 1947

1003

Registration District No. 318

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2019 Chippewa St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Henry L. (Harry) Weber

3. (b) If veteran, name war World War I

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lulu Weber

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

7. Birth date of deceased March 1, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>3</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation Railroad Fireman

11. Industry or business _____

12. Name Stephen Weber _____

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

14. Maiden name Louise (Unk) _____

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

16. (a) Informant Mrs. Lulu Weber

(b) Address 2019 Chippewa

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 6-12-47
(Month) (Day) (Year)

(c) Place: burial or cremation Parklawn Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) JUN 11 1947 (Date received local registrar)

J. F. Bruck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-20

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

(d) Street No. 2019 Chippewa _____
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1947 hour 1 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from June 4th 1947 to June 10 1947
that I last saw him alive on June 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion

Due to Chronic Myocarditis _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. H. Ketting (M. D. or other) _____

Date signed 6/10/47

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

J. W. Bentley

Licensed Embalmer No.

3653

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.