S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40311
10545

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

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 Bros. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town ********** Gardenville
(If outside city or town limits, write "RURAL")
(d) Street No. 4871 Oldenburg
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank B. Weber
3. (b) If veteran, name war none
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 Ada
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Feb. (Month) 6 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	9	7		

9. Birthplace Rock Creek (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Cemetery worker
11. Industry or business
FATHER 12. Name John Weber
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Marguerite Schneider
15. Birthplace not known (City, town, or county) (State or foreign country)
16. (a) Informant Ada Weber
(b) Address 4871 Oldenburg
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Bickers Cemetery
18. (a) Signature of funeral director John L. Ziegenhein&Sons
(b) Address 7027 Gravois Ave.
19. (a) NOV 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1947 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from 11/12/47 to 11/13 1947 to 19 that I last saw h. alive on 11/13 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure — Duration 6 hrs
Due to: Mitral Regurgitation — Chron ?
Due to: Myocardial Infarct — 1 day
Due to: Pericardial Effusion — 1 day
Due to: Bilateral Pleural Effusion — 1 day
Other significant conditions (Include pregnancy within 3 months of death): Cirrhosis of Kidney
Major findings of operations: Bacterial Pathology
Major findings of autopsy: Pericardial & Pleural Effusion, Myocardial Infarct, Cirrhosis Kidney, Bacterial Pathology

PHYSICIAN — Underline the cause of 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 George F. Milay (M. D. or other)
Address 3903 Devoe Date signed 11/14/47

Jefferson City Printing Co.
(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 Frank D Swan

Licensed Embalmer No. 2245

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.