S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43586

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 11545

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 Died at City Hospital (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 Mo (b) County .....
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 220 W Steins St (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Amelia Weber
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Al. Weber
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May (Month) 5 (Day) 1880 (Year)
8. AGE: Years 67 Months 7 Days 11 If less than one day ..... hr. ..... min.
9. Birthplace Ill. (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business At Home
MOTHER FATHER
12. Name Wm. Hartmann
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name Louisa Meister
15. Birthplace Ill (City, town, or county) (State or foreign country)
16. (a) Informant Al. Weber
(b) Address 220 West Stines
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation St Trinity
18. (a) Signature of funeral director Fendler Und Co.
(b) Address 7420 Michigan Ave.
19. (a) DEC 18 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th year 1947 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Due to Coronary Occlusion
Due to Chronic Cortitis
Other conditions (Include pregnancy within 3 months of death) .....
Major findings:
Of operations 94
Of autopsy .....

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 Alfred Weber (M. D. or other) 3
Address 7420 Cabanne Date signed 12/17/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Mand

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.....,

orking under my personal supervision.

Signed V E Morris

Licensed Embalmer No. 3360

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with e above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.