. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43587

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11225

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

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: 4447 Athlone Ave. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4447 Athlone Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 9 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Anna Weber

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased April (Month) 24, (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	7	15	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 2

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Jacob Proost
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant William H. Weber
(b) Address 4447 Athlone Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 E. Fair Ave.

19. (a) DEC 11 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1947 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from October 28 1947 to Dec 9-1 1947
that I last saw her alive on Dec 9 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Insufficiency	
Due to Arteriosclerosis Obliterans	
Due to Diabetes Mellitus	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

61

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) 9

While at work? (e) Means of injury

23. Signature Grace A. Mountjoy (M. D. or other) MD

Address 4032a W Flourssandt Date signed 12/10/47

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 Gustav W Dietrich

Licensed Embalmer No. 4329

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.