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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3224

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 46

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: 428 Wilmington (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 428 Wilmington (If rural, give location)

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

If yes, name country ----

3. (a) PRINT FULL NAME JOSEPH F. WEBBER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lizzie R.

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

7. Birth date of deceased December 21, 1867 (Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 11 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business (Roofer)

FATHER 12. Name Joseph Webber

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Carrie R. Stadler

(b) Address 428 Wilmington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co

(b) Address 7814 S. Broadway, St. Louis, Missouri

19. (a) JAN 5 1948 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1948 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1948 to Jan 1 1948; that I last saw him alive on Jan 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration 10 min

Due to: Arteriosclerosis — Duration [illegible] years

Due to: Senility

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Bruchard S. Smith (M. D. or other) MD

Address 6006 Virginia Ave Date signed 1-2-48

(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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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

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