

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

951-1908
State File No. _____
Registrar's No. 951

FILED APR 30 1948
Registration District No. 267

Primary Registration District No. 3069

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis Twsp - Richmond Hts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town "Rural" St. Charles Twsp
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 3 Box 94
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Regina Weber
3. (b) If veteran, name war NIL
3. (c) Social Security No. NIL

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 11
year 1948 hour 6:25 minute _____ P. M.
21. I hereby certify that I attended the deceased from Oct. 7th, 1947, to April 11, 1948.
that I last saw her alive on April 11, 1948,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leo Weber
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April 10 1886
(Month) (Day) (Year)

Immediate cause of death Infarct in base of Left Lung Duration 4/9/48

8. AGE: Years Months Days If less than one day
62 0 1 hr. _____ min.

Due to Myocardetis with Heart failure
Due to Thrombosis vein, lower leg, right.

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

Other conditions (Include pregnancy within 3 months of death) 93e

10. Usual occupation Housewife
11. Industry or business _____
12. Name Henry Borgmeyer
13. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Christine Billing
15. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations no. Of autopsy no.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Leo Weber
(b) Address R.R. 3 Box 94 - St. Charles, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO.
(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? _____

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr 15-1948
(Month) (Day) (Year)
(c) Place: burial or cremation St. Charles, Mo.

While at work? _____ (Specify type of place) _____
23. Signature James J. [Signature] (M.D. or other) _____
Address 634 North Grand Date signed 4/12/48

18. (a) Signature of funeral director H. J. Dellmeyer + Sons Co.
(b) Address 800 N. 2nd - St. Charles, Mo.
19. (a) 4-14-48 (Date received local registrar) (b) Carle J. [Signature] (Registrar's signature)

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

3
8

SEP 23 1952

SEP 23 1952

MAY 1 1952

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 Joseph F. Landolt

Licensed Embalmer No. 4189

P. O. Address St. Charles 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: