

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

#20110
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 28 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21449
Registrar's No. 5568

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

3. (a) PRINT FULL NAME EUGENE WEBER SR

3. (b) If veteran, name war
3. (c) Social Security No. 497-05-5348

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 31-1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 18
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Frank Weber

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

14. Maiden name Mary Lyman

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

16. (a) Informant Elizabeth Hammerle

(b) Address 1805 Gravois Avenue

17. (a) Cremation (b) Date thereof 6-22-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Cremation

18. (a) Signature of funeral director
(b) Address 1926 Allen Avenue

19. (a) JUN 24 1948 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Memorial 1805 Gravois 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1948 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6/17/48
19 to June 19th, 19 48
that I last saw him alive on June 19th, 19 48
and that death occurred on the date and hour stated above

Immediate cause of death Hemorrhage from the left middle cerebral artery
Duration 2 days

Due to Atherosclerosis and
Duration 5 years

Due to Hypertensive cardiovascular disease
Duration 5 years

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Warren B. Miller (M. D. or other)
Address 1515 Lafayette 6/19/48
Date signed

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.....

Me....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Benj. L. Duncan*.....

Licensed Embalmer No. 2272.....

P. O. Address..... 1926 Allen Avenue.....

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.