

3000
-47
-39
19006

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

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Hours**
In this community **61-1-10**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4414 So. Broadway**
(If rural, give location)
(e) Citizen of foreign country? **15** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **William W. Weber**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ella** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **May 19 1887**
(Month) (Day) (Year)

8. AGE: Years **61** Months **1** Days **10** If less than one day hr. _____ min. _____

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

10. Usual occupation **Chauffer**

11. Industry or business **Columbia Motors**

MOTHER FATHER { 12. Name **Bernard Weber**
13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Barnhardt**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ella Weber**

(b) Address **4414 So. Broadway**

17. (a) **burial** (b) Date thereof **7-2-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **Wm. Schumacker**

(b) Address **3013 Meramee**

19. (a) **JUL 1 1948** (b) **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29**
year **1948** hour **11** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **8-9-** 19 **44** to **6-29-** 19 **48**
that I last saw him alive on **6-29-** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis (Rheumatic)** Duration **10 yrs**

Due to **Acute Rheumatic Fever. Recurrent -** **15 yrs**

Due to _____
Other conditions: **950**
(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 **Roman [Signature]** (M. D. or other) **M.D.**
Address **4520 Virginia** Date signed **6-30-48**

None

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address.....

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.