

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....

(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)

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

In this community Three days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 4323 West Pine
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Gary Allen Weber

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Newborn

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

7. Birth date of deceased 9-20-48
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23
year 48 hour 9.35 minute A.M.

21. I hereby certify that I attended the deceased from 9-20-48
19..... to 9-23-48 19.....
that I last saw him alive on 9-23-48 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
3 hr. min.

Immediate cause of death Erythroblastosis. Duration 3 d.

Due to 161

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

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

10. Usual occupation Infant

PHYSICIAN

Major findings: Of operations No operation.

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name Wilburn Louie Weber

{ 13. Birthplace Cuba, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Irene Frances Sohn

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

16. (a) Informant Wilburn L. Weber

(b) Address 4323 West Pine

17. (a) Burial (b) Date thereof 9-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 23 1948 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

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)

(a) Means of injury.....

23. Signature A. William [Signature] (M. D. or other) M.D.

Address 5101 Kelmer Pl. Date signed 9-23-48

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

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..... *Ray W. Wilkerson*

- - Licensed Embalmer No..... *35-75*

- P. O. Address..... *17 Lewis 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.