S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 13 1948

Registration District No. 2 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3051

State File No. 33678

Registrar's No. 76

1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Perryville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 68-3-14
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Perry 79
(c) City or town: Perryville Mo. /
(If outside city or town limits, write "RURAL") /
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Louis Leo. Weber
3. (b) If veteran, name war .....
3. (c) Social Security No. None

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Clara Weber
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: July (Month) 1 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
68	3	14	..... hr. ..... min.

9. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Carpenter
11. Industry or business: .....

MOTHER FATHER
12. Name: Louis Weber 0
13. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Francois Renaud
15. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Clara Weber
(b) Address: Perryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Perryville Mo.
18. (a) Signature of funeral director: Young Sons
(b) Address: Perryville Mo
19. (a) Oct 17-48 (Date received local registrar) (b) Joe J. Zoellner (Registrar's signature) 250

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1948 hour 7 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 1946 to 15 Oct 1948 that I last saw him alive on 15 Oct 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	1 yr.
Due to: Carcinoma of the Stomach	5 yrs
Due to:	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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 0

23. Signature: [illegible] (M. D. or other)
Address: Perryville, Mo. Date signed 10-15-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1148-139

Date Filed 11-12-48

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 Edward L. Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.