No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34823

FILED NOV 12 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9631

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1336 Goodfellow
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAX WEBER (aka BENTSA)
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Weber
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 8 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
69	8	27	hr. min.

9. Birthplace Russia
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name Henry Wabbel
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Libby (unk)
15. Birthplace Russia
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Sam Weber
(b) Address 5763 Westminster
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Ham Hag
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Avenue
19. (a) NOV 5 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 5 year 1948 hour 5 minute 30 a M.
21. I hereby certify that I attended the deceased from July 1948 to November 1948 that I last saw him alive on November 4 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ca of Stomach
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
23. Signature Joh. Prokoten (M. D. or other)
Address Potter Bldg Date signed 11/5/48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Louis A. Ludwig

Licensed Embalmer No. 4229

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.