

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

300
47
39
906
FILED JAN 24 1949

State File No. _____

Registration District No. 577

Primary Registration District No. 6576

Registrar's No. 2024

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Pine Crest Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 71 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL") 3

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME John H. Weber

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
year 1948 hour 11:45 minute P M.

21. I hereby certify that I attended the deceased from Dec. 15, 1948, to Dec. 31, 1948;
that I last saw him alive on Dec 31, 1948,
and that death occurred on the date and hour stated above.

4. Sex M 0 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Lena Weber

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

7. Birth date of deceased September 5 1877
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Due to 93d

Due to _____

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

Major findings:
Of operations 1/2 2/1

Of autopsy _____

Duration _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
71 3 26 hr. min.

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

10. Usual occupation Gardner

11. Industry or business _____

12. Name Peter Weber

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

14. Maiden name Alice Weiser

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

16. (a) Informant Louis G. Weber

(b) Address R.R. #12, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 1/3/49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Lucas Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) 1-3-49 (b) Hand G. Luning
(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) (e) Means of injury _____

Signature B.R. Loving (M. D. or other) MD

Address Ballwin, Mo Date signed 1-3-49

MAR 23 1949

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 Felix Lusand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 337

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.