

Dr. W.K. Weber

1506 Hodiament Ave

Mu 9190

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

working under my personal supervision.

Student Embalmer No.....

Signed

W.K. Weber

Signed.....
Student Embalmer

Licensed Embalmer No. *4699*

P. O. Address *St. Charles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.