MAR 28

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 4461 4464

1. PLACE OF DEATH
County Franklin Registration District No. 301
Township Prairie Primary Registration District No. 6-4-18
City (No. St. Ward)
File No.
Registered No.

2. FULL NAME Eckert Donald Weber

(a) Residence. No. St., Ward. Luebbering Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6-1921

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	5	8	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Boy (Infant)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Luebbering Mo
(STATE OR COUNTRY) Franklin Co.

PARENTS

10. NAME OF FATHER Stewart B Weber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Luebbering Mo
(STATE OR COUNTRY) Franklin Co. Mo
12. MAIDEN NAME OF MOTHER Eva Burdet.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Luebbering Mo.
(STATE OR COUNTRY) Franklin Co. Mo

14. INFORMANT F. S. Weber
(Address) Luebbering. Mo.

15. FILED 3/10 1927 H. L. Dewhirst M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 28 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan - 15, 1927, to Feb - 27, 1927, that I last saw h. alive on Feb - 27, 1927, and that death occurred, on the date stated above, at 7.05 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis. Uremia
(duration) 3 yrs. 2 mos. ds.
CONTRIBUTORY Myocarditis & aortic
(SECONDARY) insufficiency (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. Henry Duenwald, M. D
, 19 (Address) St Clair Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fair View Cemetery — DATE OF BURIAL Mar - 1 1927
20. UNDERTAKER Mark Duenwald — ADDRESS St Clair Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.