

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

Do not use this space.

**JUL 30 1927**

19454

**1. PLACE OF DEATH**

County St. Louis  
 Township Gravois  
 City St. Louis

Registration District No. 123  
 Primary Registration District No. 624806  
 (No. 4911-Seibert Ave)

File No. \_\_\_\_\_  
 Registered No. 214  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. 4911-Seibert Ave Ward. \_\_\_\_\_  
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. 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 | -

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9 - 1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
- | 7 | 26 | -

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Adolph Weber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Edna Lorenz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

14. INFORMANT Adolph Weber  
 (Address) 4911-Seibert Ave

15. FILED June 7 1927 L. C. Obrady REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1927

17. I HEREBY CERTIFY, That I attended deceased from June 4th 1927 to June 5th 1927 that I last saw him alive on June 5th 1927, and that death occurred, on the date stated above, at 11:10 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Enteritis  
12 20  
1913/18 B1  
 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Intussusception of Bowel  
 (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam  
6/6 (Signed) Dr. Stein M. D.  
 (Address) 3601 Grand

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Burial Park DATE OF BURIAL June 8 1927

20. UNDERTAKER Wacker-Helderle ADDRESS 2331 S. Bluff

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.

