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

Do not use this space.

11073

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. 4622 Michigan Avenue. St. ..... Ward)

File No. .....

Registered No. 2901

2. FULL NAME Martin Weber.

(a) Residence. No. 4622 Michigan Avenue St., 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24.1862.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	10	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Great Eastern Tea Co.,

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Hermann, Mo.,

PARENTS

10. NAME OF FATHER Martin Weber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Alsace-Lorraine.

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Dont know

14. INFORMANT Martin G Weber (Address) 4622 Michigan Avenue.

15. FILED MAR 14 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1927, to Mch 13, 1928 that I last saw him alive on Mch 12, 1928, and that death occurred, on the date stated above, at 11 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131

Chronic Interstitial Nephritis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

1290

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [signature], M. D

Mch 14, 1928 (Address) 2315 [illegible]

*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	DATE OF BURIAL
SS. Peter & Paul Cemetery	Mar. 17. 1928

20. UNDERTAKER	ADDRESS
J H Gibbons Laws N. Co	2842 Meramec

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.

[illegible] THIS IS A PERMANENT RECORD