

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

Do not use this space.

21750

1. PLACE OF DEATH

County St. Louis
Township Central
City Central

Registration District No. 289
Primary Registration District No. 6033
(No. 7109 Page One)

File No. _____
Registered No. 196
St. _____ Ward _____

2. FULL NAME

Augusta S. Weber
(a) Residence. No. 7109 Page A St. _____ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Gottlieb Weber

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

June 4-1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

59

0

15

8. OCCUPATION OF DECEASED

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

at Home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

California

10. NAME OF FATHER

Unknown Salmon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

California

12. MAIDEN NAME OF MOTHER

Pauline Delmick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Austria

14.

INFORMANT (Address)

Julius Weber
7109 Page Ave

15.

FILED

6/20

1928
Dr. J. C. Gray, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 19th 1928

17.

I HEREBY CERTIFY That I attended deceased from February 24, 1928, to June 19, 1928, that I last saw him alive on June 18, 1928, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23 H Pulmonary Tuberculosis

23 H

not known time.

CONTRIBUTORY (SECONDARY)

Pulmonary Hemorrhage

(duration) 0 yrs. 0 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

I do not know

DID AN OPERATION PRECEDE DEATH?

no DATE OF _____

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Spectum

(Signed) Rebecca Saltsch M. D.
6/19 1928 (Address) 3515 S. Grand St.

*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

Bethania

6-21 1928

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 2039 Wash

1857, 1858, 1859