

JUL 7 1928

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# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

21813

## PLACE OF DEATH

County St. Louis  
 Township Central  
 City Richmond Heights

Registration District No. 1170Primary Registration District No. 6248File No. 137Registered No. 137St. St. Louis Ward Mo.

## 2. FULL NAME

(a) Residence. No. 5825 Arsenal St. St. Louis Ward Mo.  
 (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

Female white

## 4. COLOR OR RACE

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

Married

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

Philip Weber (1878)

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

2-13-1858

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

50-~~65~~

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## 8. OCCUPATION OF DECEASED

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

Housewife

(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)

## 10. NAME OF FATHER

John Fitzgerald

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Columbus

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Sarah Schneider

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Alton

(STATE OR COUNTRY)

## 14.

INFORMANT

(Address)

Philip Weber  
5825 Arsenal St.

## 15.

FILED

6/22, 1928

G. B. Jensen

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

6-22-1928

## 17.

I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to June 22, 1928, that I last saw her alive on June 22, 1928, and that death occurred, on the date stated above, at 9:23 a.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

823 Purpura Hemorrhagica  
 70 R

## CONTRIBUTORY (SECONDARY)

Hemorrhage (duration) 1 yrs. 4 mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

## DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

6-22-28 (Address) 321 Lister Bldg.

\*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

St. Peter + Paul Cem

6-25-1928

## 20. UNDERTAKER

## ADDRESS

Weick Bros 2201 So Grand Bl

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.

THIS IS A PERMANENT RECORD

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