

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

Do not use this space.

21813

**1. PLACE OF DEATH**

County St Louis Registration District No. 1170 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. 6748 Registered No. 137  
 City Richmond Heights St. St Marys Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Weber  
 (a) Residence. No. 5825 Arsenal St. \_\_\_\_\_ Ward. St Louis, 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 Female 4. COLOR OR RACE White 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. |
|-----------|----------|----------|----------|--|
| <u>50</u> | <u>6</u> | <u>4</u> | <u>9</u> |  |

**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) Drafton  
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER John Fitzgerald

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Columbus  
 (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Sarah Schneider

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alton  
 (STATE OR COUNTRY) Ill.

14. INFORMANT Philip Weber  
 (Address) 5825 Arsenal St.

15. FILED 6/22, 1928 6 B Jensen  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-22-28

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 a.m.

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

823 Purpura Hemorrhagica  
70 H.

CONTRIBUTORY (SECONDARY) Autosomal Hemorrhage (duration) 1 yrs. 4 mos. 1 da.

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) P. Kania, M. D.

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 St Peter + Paul Cem DATE OF BURIAL 6-25-28

20. UNDERTAKER Weick Bros 2201 So Grand Bl ADDRESS \_\_\_\_\_

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

JUL 7 1928

JUL 7 1928

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