

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No.....)

69.50

Manchester

File No.....

22110

Registered No.....

6284

St.....

Word.....

2. FULL NAME.....

Henry Weber

(a) Residence. No.....

69.50

Manchester

4

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

66 yrs.

mos.

da.

How long in U.S., if of foreign birth?

62 yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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

widowed

5A. If MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

Anna Weber

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

July 19-1840

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

87

10

22

8. OCCUPATION OF DECEASED

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

Farmer

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

(c) Name of employer

Retired Secretary

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Henry S Weber

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Sophia Hornagel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT
(Address)E. A. Weber
69.50 Manchester

15.

JUN 12 1928
FILEDRay C. Starnes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 11 1928

17.

I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 10, 1928, and that I last saw him alive on June 10, 1928, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Pneumonia (hypostatic)
with Lobar or Bronchopneumonia

CONTRIBUTORY (SECONDARY)

arterio-sclerosis
could not say.

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

(Signed) H. L. Parker, M. D.

, 19 (Address) 2516 S. 16th

*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

Oak Hill

June 13 1928

20. UNBERTAKER

ADDRESS

Parker and of Maplewood

