

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

Do not use this space.

22589

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo. (No. Mullanphy Hosp) St. Ward)

2. FULL NAME

Bertha H. Weber
(a) Residence. No. 2802 St. Louis Ave. St. 20 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Joseph H. Weber
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 - 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 8 12

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 employee).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Adam Stohl
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER unknown Kohl
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Joseph H. Weber
(Address) 2802 St. Louis Ave.

15. FILED N 23 1923 Max C. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1928
17. I HEREBY CERTIFY That I attended deceased from January 8, 1928, to June 25, 1928
that I last saw him alive on June 25, 1928, and that death occurred, on the date stated above, at 3:35 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
48
468 Carcinoma of the Stomach (duration) 3 yrs. 3 mos. da.
CONTRIBUTORY Carcinoma of the Uterus (SECONDARY) (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 440
AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4-23-28
WAS THERE AN AUTOPSY? No - refused
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) E. A. Schwelinger, M. D.
June 27, 1928 (Address) 4470 Natural Bridge

*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 Zions DATE OF BURIAL June 28 1928
20. UNDERTAKER Hy Leidner Und Co ADDRESS 1417 N. Market St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

4070 Stat. No. 1000