

**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 St. Louis, Mo. (No. 56th Arsenal)

File No. 29121  
Registered No. 8629  
St. 24th Ward

**2. FULL NAME**

FRED WEAVER

(a) Residence. No. 3202 S. Jefferson St., 24 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs.  mos.  da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**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**

Ann Weaver

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

June 27 1909

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>19</u>	<u>1</u>	<u>28</u>	

**8. OCCUPATION OF DECEASED**

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

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Denver Colo.

**PARENTS**

**10. NAME OF FATHER**

Roy Weaver

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

Illinois

**12. MAIDEN NAME OF MOTHER**

Ethel Shy

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

Missouri

**14.**

INFORMANT Ann Weaver  
(Address) 3336 Iowa

**15.**

AUG 26 1928  
FILED Max C. Standiford  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

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

Aug 24 1928

**17. I HEREBY CERTIFY** That I attended deceased from Aug 12, 1928, to Aug 24, 1928 (that I last saw him alive on Aug 24, 1928, and that death occurred, on the date stated above, at 3:10 p.m.)

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

Typhoid Fever  
93A

**CONTRIBUTORS (SECONDARY)**

Myocarditis, Acute  
(duration) 0 yrs. 0 mos. 17 da.  
(duration) 0 yrs. 0 mos. 3 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: Not definitely known

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Laboratory

(Signed) George H. Garrison, M.D.  
8/24, 1928 (Address) ISOLATION HOSPITAL

\*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**

Swiss

Aug 27 1928

**20. UNDERTAKER**

ADDRESS 2331 S. Broadway

Walter Helder

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.

