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

Do not use this space.

13182

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 3742

Township ..... Primary Registration District No. 1003 ..... Registered No. .....

City St. Louis, Mo. (No. ..... Sanitarium ..... St. ..... Ward)

2. FULL NAME Moritz Weber

(a) Residence. No. 4318 Blair Av. St., 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. - mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2, 1858.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70	9	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Pattern Maker

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

(c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) "
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT William T Geitler M.D.
(Address) 5400 Arsenal St.

15. FILED ..... 19.. Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 26 1929

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1928, to Mar 26, 1929 that I last saw him alive on Mar 26, 1929, and that death occurred, on the date stated above, at 1:05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchopneumonia

107A

MR 1000

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY) Senile dementia

(duration) — yrs. 10 mos. 11 ds. +

18. 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? Clinical

(Signed) William T Geitler, M.D.

3/26, 1929 (Address) 5400 Arsenal St.

*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
Bellefontaine	Mar 29 1929
20. UNDERTAKER	ADDRESS 1417
Hy Leidner Und Co	N. Market St.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD