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

Do not use this space.

26610

File No. 7880

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St Louis (No. St Johns Hospital St. Ward)

2. FULL NAME Lena C. Weber.

(a) Residence. No. 2732 Henrietta St. St., 23 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. 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 Sigmund C. Weber.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2 - 1872

7. AGE: Years 57 | Months 6 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED 57A 95B

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

(b) General nature of industry, business, or establishment in which employed (or employer): at Home.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Herman. (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER August Riek.

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Sigmund C. Weber
(Address) 2732 Henrietta St

15. FILED JUL 30 1929, 19.... Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1928, to July 28, 1929 that I last saw her alive on July 27, 1929, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of heart

Fall on stairs at home 3 yrs ago. accident

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Chronic traumatic arthritis

(duration) 3 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 2732 Henrietta St

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam + X Ray findings

(Signed) J. C. Herchmueller, M. D.

7/29, 1929 (Address) Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or if 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: Valhalla Crematory — DATE OF BURIAL: July 31 1929

20. UNDERTAKER: Peetz Bros 3029 — ADDRESS: Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied.