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

Do not use this space.

39228

File No. 11715
Registered No.

**1. PLACE OF DEATH**

County
Registration District No. 791
Township
Primary Registration District No. 1003
City St Louis (No. 5233 Bulwer Ave St. Ward)

**2. FULL NAME** Wilhelmina Weber

(a) Residence. No. 5233 Bulwer Ave St., 9 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 1850

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 79 | 1 | 15 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Wm Eickriede
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 Henry Weber
(Address) 5233 Bulwer Ave

15. DEC -2 1929 Mary C Vaskens
FILED ....., 19.... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1929, to Nov 29, 1929 that I last saw h alive on 11-27, 1929, and that death occurred, on the date stated above, at 10:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Emma Kon, M. D.
11/30, 1929 (Address) 9185 Gravois

*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 New Bethlehem Cemetery
DATE OF BURIAL Dec 3 1929

20. UNDERTAKER Thos. W. Beidenwieden
ADDRESS 1936 St Louis

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.