

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

Do not use this space.

2396

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 5998
 City St. Charles (No. 1) (Ward) St. Charles

File No. _____
 Registered No. 13

2. FULL NAME Elizabeth Weber

(a) Residence. No. _____ St. _____ 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 married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 1 9

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 employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER Jacob Wappelhurst

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

12. MAIDEN NAME OF MOTHER Elizabeth Beasell

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

14. INFORMANT Frank Weber
 (Address) RR#1 St. Charles Mo.

15. FILED 2/1 1930 Hy. S. Bloebann
 REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1930

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1930, to Jan 29, 1930, that last saw him alive on Jan 29, 1930, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sudden Death due to hyperemic chronic nephritis and Myocarditis (chronic)
 (duration) 3 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Cystic Gastritis
 (duration) 3+ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
1290
 IF NOT AT PLACE OF DEATH _____

(DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Symptoms
 (Signed) B. B. Webster, M. D.
 1-30, 1930 (Address) St. Charles Mo.

*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 St. Peter's cemetery DATE OF BURIAL Feb 1 1930

20. UNDERTAKER H. S. Fullmeyer & Sons Co ADDRESS St. Charles Mo.

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.

