

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Richmond Hts.
City St. Mary's Hospital

Registration District No. 1170
Primary Registration District No. 62484
(No. St. Mary's Hospital)

File No. 17310
Registered No. 118
St. _____ Ward _____

2. FULL NAME Mildred Gale Weber

(a) Residence. No. 2019 Alemeta 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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 20, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 3 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Homer Weber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Violet Sunderman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Charles
(STATE OR COUNTRY) Mo.

14. INFORMANT St. Mary's Hospital
(Address) _____

15. FILED 5/17 1930 B. Jensen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 9 1930, to May 15 1930 that I last saw her alive on May 15 1930, and that death occurred, on the date stated above, at 8 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
12.18
1898
12-9 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Peritonitis. Septic Colitis
Appendicitis (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH St. Mary's Hosp
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 9, 1930
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) John W. Stewart, M. D.

5/17 1930. (Address) Easton Bldg -
*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 Valhalla Cemetery DATE OF BURIAL 5/19/30
20. UNDERTAKER Alexander + Son ADDRESS 617 S. Jackson

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.

Dr. J. W. Swan

Winter Bldg.

Will call for it