NOV 3 1930

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

Do not use this space. 31001

1. PLACE OF DEATH
County: St. Louis — Registration District No. 789 — File No.
Township: Central — Primary Registration District No. 6033 B — Registered No. 274
City: Overland (No. OVERLAND HOSPITAL St. Ward)

2. FULL NAME: Mathew Weber
(a) Residence. No. 8539 - Lackland St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Male
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: Mary Weber

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 17-1880

7. AGE: Years 49 | Months 11 | Days 6 | If LESS than 1 day, ___ hrs. or ___ min.

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

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

PARENTS
10. NAME OF FATHER: John Weber
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): —

14. INFORMANT: Mary Weber
(Address) 8539 - Lackland Overland, Mo.

15. FILED 9/24, 1930 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sep. 23 1930

17. I HEREBY CERTIFY, That I attended deceased from —, 19__, to —, 19__, that I last saw h— alive on ___, 19__, and that death occurred, on the date stated above, at 1:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Railroad accident (struck by railroad car while riding in an automobile truck as an employee on auto truck) at Terminal Trucks and Edgar (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): (1) Laceration of spinal cord. (2) Multiple fractures (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 2030 [illegible]
IF NOT AT PLACE OF DEATH? Overland Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Physical findings
(Signed) John O'Connell, M.D.
9/24, 1930 (Address) Coroner St. Louis County

*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: Val Halla Cem. — DATE OF BURIAL: 9/25 1930
20. UNDERTAKER: Baumann Bros. — ADDRESS: Overland, Mo.

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