

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

Do not use this space.

14910

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 74723
City St. Louis (No. 4754, Cupples Pl.)

File No.....
Registered No. 3433
St. Ward)

2. FULL NAME

Julius Weber
(a) Residence, No. 4754 Cupples Pl., 6 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albertine Weber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 3-1898</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>2</u>
	DAYS <u>11</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, hookkeeper, etc. <u>Sheet Metal</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Worker</u>	
	10. Date deceased last worked at this occupation (month and year)..... <u>✓</u>	
FATHER	11. Total time (years) spent in this occupation <u>✓</u>	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perryville mo</u>	
	13. NAME <u>John A. Weber</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perryville mo</u>	
	15. MAIDEN NAME <u>Caroline Horn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co mo</u>	
17. INFORMANT (ADDRESS) <u>John A. Weber Perryville mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Perryville mo</u> DATE <u>4-16-33</u>		
19. UNDERTAKER (ADDRESS) <u>Ed. Young Perryville mo</u>		
20. FILED <u>14</u> <u>1933</u> <u>May</u> <u>1</u> <u>1933</u> <u>Max O. Starnes</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

2
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14-1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932, to April 13, 1933
I last saw him alive on 4/13, 1933. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:
chronic valvular
heart disease
92A
6617
92A
Date of onset 7-1-32

Other contributory causes of importance:
chronic heart

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) John A. Weber, M. D.
(Address) 1492 Northamow av.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

