

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.

MAR 24 1934

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

Do not use this space.

7138

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Lutheran Hospital**) St. Ward (No.)

2. FULL NAME

Frank G. Weibling
(a) Residence, No. **2315 Virginia av.** **17** Ward. (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sara A. Weibling**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 30-1875**
7. AGE YEARS **58** MONTHS **7** DAYS **24** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Brewery**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Engineer**
10. Date deceased last worked at this occupation (month and year). **Feb 21-34** 11. Total time (years) spent in this occupation. **20**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Godfrey Ill**

13. NAME **Jonathan Weibling**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Uridala Ohio**

15. MAIDEN NAME **Jane Glenn**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Godfrey Ill**

17. INFORMANT **Albert Weibling** (ADDRESS) **Godfrey Ill**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Alton Ill** DATE **2-27** 1934

19. UNDERTAKER **Albert H. Hojka Inc.** (ADDRESS) **429 N. Euclid Ave**

20. FILED **FEB 20 1934** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 24** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at **7:50** m.

The principal cause of death and related causes of importance were as follows:

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Shock & Burns (2nd & 3rd degree)
received when oil burner starting switch exploded in the basement boiler room at the
Anderson-Bright Brewery & Co.
(No burning body)
Accident

Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **2/21, 1934**

Where did injury occur? **St. Louis Mo** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **In Industry**

Manner of injury **Oil burner starting switch exploded**

Nature of injury **2nd & 3rd degree burns**

24. Was disease or injury in any way related to occupation of deceased? **Yes**

If so, specify..... (Signed) **Wm J. Brown** M.D. (Address) **429 N. Euclid Ave**

