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

SEP 13 1934

Do not use this space.

31340

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. ..... , Sanitarium St. ..... Ward)

File No.....

Registered No. 8646

2. FULL NAME Rudolph Weber

(a) Residence, No. 4262a Connecticut St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. X mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	83	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year) About 1910

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Denmark

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Denmark

17. INFORMANT O P Hill
(ADDRESS) 5400 Arsenal.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CITY CREMATORY DATE Aug 27 34

19. UNDERTAKER Ryan
(ADDRESS) City Infirmary

20. FILED AUG 27 1934, 19..... J. F. Bredeck Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-11, 1934, to 8-19-34, 19....

I last saw him alive on 8/19, 1934. Death is said to have occurred on the date stated above, at 11 45 A.m.

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

	Date of onset
Primary Broncho Pneumonia	8/11/34
10 yrs	
15 yrs	
Senility	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) O P Hill, M. D.

(Address) 5400 Arsenal.

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 LEGAL DOCUMENT.