

NOV 6 1935

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

Do not use this space.

34440

1. PLACE OF DEATH

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

File No.
Registered No. **8879**
St. Ward)

2. FULL NAME

(a) Residence, No. **4055 Magnolia Pl.** St. **17** 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 **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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 9/1908**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
27 3 12

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME **Charles Otto Weber**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Augusta Becker**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Augusta Weber 4055 Magnolia Pl.**

18. BURIAL, CREMATION OR REMOVAL PLACE **Sanct St. Burial Pl.** DATE **Oct 24 1935**

19. UNDERTAKER (ADDRESS) **Weick Bros 2201 So Grand Blvd.**

20. FILED **Oct 23 1935** **J. A. Bredeck Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 21 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 16 1934**, to **Oct. 21 1935**

I last saw h. ex. alive on **Oct. 21 1935** Death is said to have occurred on the date stated above, at **3:20 p. m.**

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

Empyema following Labor pneumonia
Date of onset **Nov. 16 1934**

Other contributory causes of importance:

None.

Name of operation **Thoracoplasty** Date of **10. 21. 35**

What test confirmed diagnosis? **Ad. film, etc.** Was there an autopsy? **yes**

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.

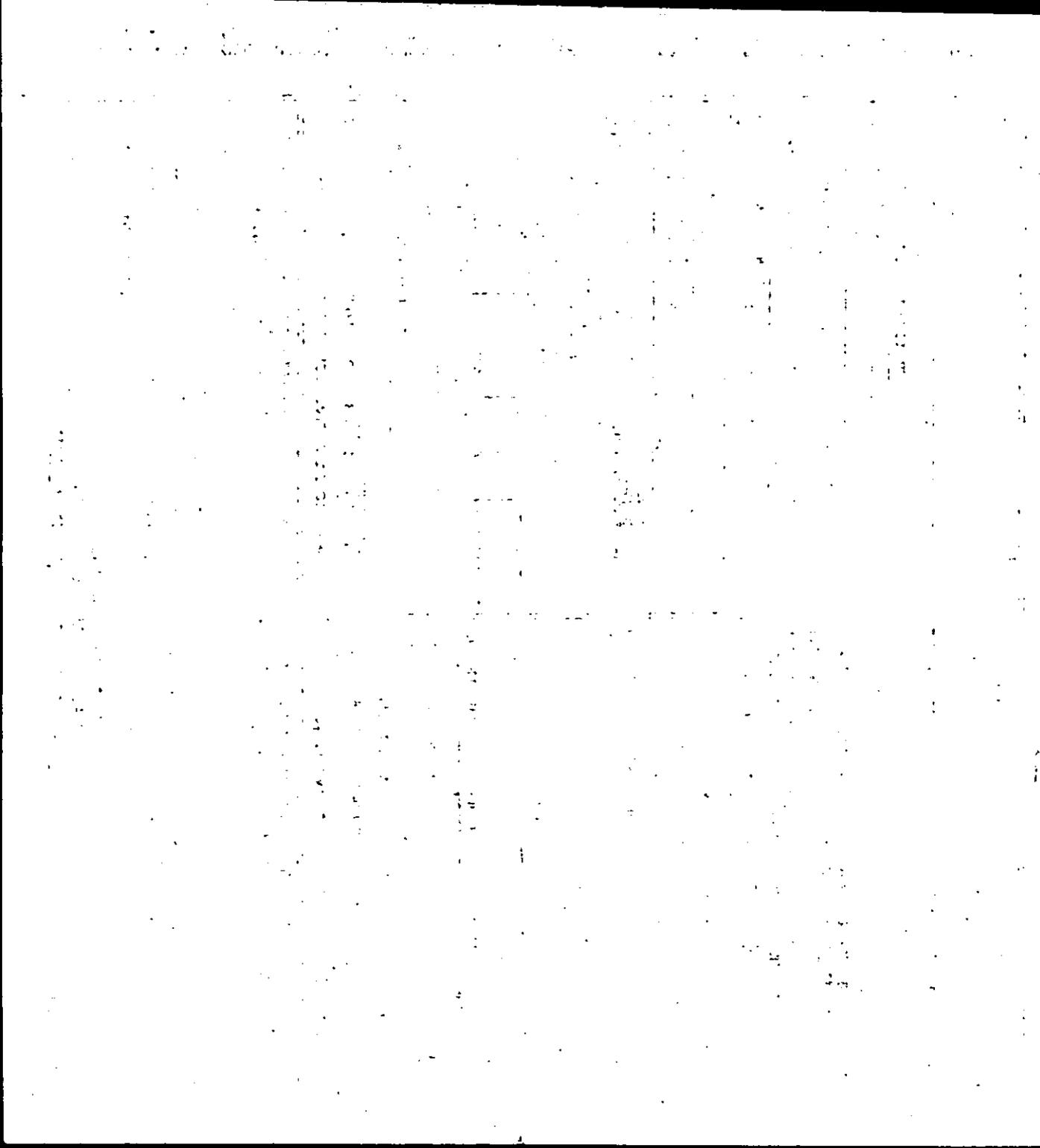
Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No.** If so, specify

(Signed) **Ad. M. D.** (Address) **3515 Grand Blvd.**

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.

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C. C. Do not use this space.

1. PLACE OF DEATH

County Registration District No.
 Township St. Louis Primary Registration District No.
 City St. Louis (In St. Anthony's Hospital) St. Ward)

2. FULL NAME

(a) Residence No. 4055 Magnolia Pl. St. 17 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9, 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day (write the fraction) 27 3 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stenographer
 (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.

PARENTS

10. NAME OF FATHER Charles Otto Weber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Augusta Boshner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

14. INFORMANT Augusta Weber (Address) 4055 Magnolia Pl.

15. FILED 11/13, 1935 J. F. Breker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 21, 1935

17. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1934 to Oct. 21, 1935 that I last saw him alive on Oct. 21, 1935, and that death occurred, on the date stated above, at 3:20 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empyema
 following Lobar Pneumonia
Daily Overt (duration) Nov. 16, 1934 (date) (mo.) (da.)

CONTRIBUTORY (SECONDARY) Post-operative Shock (duration) 0 yrs. 0 mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT A PLACE OF DEATH: Not Known

DID AN OPERATION PRECEDE DEATH: Thoracoplasty DATE OF: Oct. 21-1935

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS: Aspiration

(Signed) Rebecca J. Clarke M. D. (Address) 3515 S. Grand Bl.

*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

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.

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