

JUN 5 1936

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

Do not use this space.

20689

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis (No. 5923^a, Wells Ave St. Ward)

File No. 4871
Registered No. 4871

2. FULL NAME

Frederick Weber
(a) Residence, No. 5923^a Wells Ave St. 6 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. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1936, to 5-3 36
I last saw him alive on 5-3, 1936. Death is said to have occurred on the date stated above, at 6 P m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1861

The principal cause of death and related causes of importance were as follows:
Gastric Hemorrhage Date of onset 1 da.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 7 12

Other contributory causes of importance:
Carcinoma stomach 5 yrs

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blackwell Millinery
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation none Date of no
What test confirmed diagnosis? pat Was there an autopsy? no

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs Geo Reid
(ADDRESS) 7554 Barnwell Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burham Cem DATE May 5 1936

19. UNDERTAKER Geo L. Pleitash Inc
(ADDRESS) 5946 Easton Ave

20. FILED MAY -4 1936
J. F. Bredeck
Registrar.

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) Geo H. Plushkin, M. D.
(Address) 7301^a National Bk.

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

Ken ...
7301 ...
Ev. 4940