

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.

OCT 21 1936

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

Do not use this space. *u*

## 1. PLACE OF DEATH

County Saint Louis  
Township Meramec  
City Ellisville, Mo. (No. \_\_\_\_\_)

Registration District No. 787  
Primary Registration District No. 6032

File No. 35467  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Emelia Weber

(a) Residence, Ellisville, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 60 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, husband (OR) WIFE OF Albert A. Weber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 5 26

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home  
10. Date deceased last worked at this occupation (month and year) March 1, 1930 11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri

FATHER  
13. NAME Jacob Weis  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden, Germany

MOTHER  
15. MAIDEN NAME Johannah Degele

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Irma Weber (ADDRESS) Ellisville, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. John Cemetery  
PLACE Ellisville Mo. DATE 9/29/36

19. UNDERTAKER Schradler Funeral Home (ADDRESS) 1201 N. 10th St., Mo.20. FILED Sept 28, 1936 Miss Sacke Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Mo., 1931, to Sept 26 1936. I last saw her alive on Sept 26 1936. Death is said to have occurred on the date stated above, at 8 P. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease  
Date of onset 11/10/31

Other contributory causes of importance:

Myocardial Degeneration  
of arterial origin

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 \_\_\_\_\_, 1936  
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 H. Geyer, M. D.  
(Address) Franklin, Mo.

300 W. H. [unclear]