

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.

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

Do not use this space.

35490

1. PLACE OF DEATH  
County St. Louis Registration District No. 789  
Township Central Primary Registration District No. 6033  
City 9511 Emerson (No. 9511 Emerson St.        Ward       )

File No.         
Registered No. 292

2. FULL NAME Louis H. Weber  
(a) Residence, No. 9511 Emerson St.        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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1857

7. AGE YEARS 79 MONTHS 1 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.

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

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) Germany (STATE OR COUNTRY)

13. NAME John Weber

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

15. MAIDEN NAME Eva Horner

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

17. INFORMANT Elizabeth M. Weber (ADDRESS) 9511 Emerson

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. P. DATE Oct 2, 1936

19. UNDERTAKER J. L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Ave.

20. FILED 10-2- 1936 A. R. Bashner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1936 to Sept 29, 1936

I last saw him alive on Sept 29, 1936 Death is said to have occurred on the date stated above, at 9.15 P. m.

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

Coronary Thrombosis Date of onset 9.29

Other contributory causes of importance Chronic Cholecystitis 1933

Name of operation None Date of         
What test confirmed diagnosis? clinical Was there an autopsy? No

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) Frank H. Hugg M. D.  
(Address) 2249 St. Louis ave St. Louis

