

OCT 26 1937

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

35295

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 790  
(b) Township \_\_\_\_\_ Primary Registration District No. 6033A Registered No. 329  
(c) City St. Louis (d) Street No. 802 1/2 Pershing St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Frederick William Weber  
(a) Residence, No. 802 1/2 Pershing St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 Olga Weber  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27 - 1849  
7. AGE YEARS 88 MONTHS 5 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
9. Industry or business in which work was done, as saw mill, bank, etc. Retail Hdw.  
10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME John Weber

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

15. MAIDEN NAME Anna M Hessler

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

17. INFORMANT Olga Weber  
(ADDRESS) 802 1/2 Pershing

18. BURIAL, CREMATION, OR REMOVAL PLACE Kath. Ex. Cemetery DATE Sept 15, 1937

19. FUNERAL DIRECTOR Fred M Williams  
(ADDRESS) 4435 Washington

20. FILED 9/15/37 Dr. J. J. Signorelli  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1937, to Sept 12, 1937

I last saw him alive on Sept 11, 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Broncho-pneumonia Date of onset Sept 9-37

Other contributory causes of importance: 1090

Senility

Arterio-sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Dr. J. J. Signorelli, M. D.

(Address) 802 Pershing

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.

STATEMENT BY LICENSED EMBALMER

I, Robert H. Williams, Licensed Embalmer No. 3249

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Robert H. Williams  
Licensed Embalmer No. 3249

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**