

REC'D MAY 10 1938

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

13171

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **10091**
(b) Township..... Primary Registration District No. **1009** Registered No. **3775**
(c) City..... **St. Louis, Mo.** (d) Street No. **Barnes Hospital.** 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

Frank E. Weber **160**
(a) Residence, No. **Godfrey, Illinois.** St. **WR** **Godfrey, Ill.**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Single**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 23/1921.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
16 3 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **School Boy**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **Apr. 1, 1938** 11. Total time (years) spent in this occupation **10 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Godfrey, Illinois.**

FATHER 13. NAME **George E. Weber**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alton, Ill.**

MOTHER 15. MAIDEN NAME **Straube**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Godfrey, Ill.**

17. INFORMANT **Geo. E. Weber**
(ADDRESS) **Alton, Ill.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Alton, Ill.** DATE **4/25/1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Albert H. Hoppe, Inc.**
429 N. Euclid Ave.

20. FILED **4-23-38** **J. T. Bradeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/21/1938.**

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **11:25** p.m.

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

Bullet Wound of Head Date Onset
Act Brain, inflicted while
holding gun against the
Wall causing it to discharge

Other contributory causes of importance:
on April 15-1938 Between
9:00 and 10:00 P.M. at
Godfrey, Ill.

Name of operation **Accident** Date of.....
What test confirmed diagnosis? Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide **Accident** Date of injury **4/15, 1938**
Where did injury occur? **Godfrey, Ill.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, at home, or in public place.

Manner of injury **See above**
Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Alfred J. Perry, M.D.**
(Signed) **Alfred J. Perry, M.D.**
(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.