

REC'D MAY 10 1938

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

13315
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. Louis

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. City Hospital No. 1

Registered No. 3919

(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.

B. 17045

2. PRINT FULL NAME

(a) Residence, No. 3946 Natural Bridge 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

Adolph Weber 160

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 Louisiana Weber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 2

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, MissouriFATHER 13. NAME Adolph Weber14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME Minnie ?16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington D.C.17. INFORMANT (ADDRESS) Hosp. Info M. Kent18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 4-28-3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Probst Hud Co. 3710 N. Grand Bl.20. FILE APR 27 1938 J. D. Pielich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26-38 19

22. I HEREBY CERTIFY, That I attended deceased from 2/27/37, 19, to 4-26-38, 19. I last saw him alive on 4-26-38, 19. Death is said to have occurred on the date stated above, at 110 am.

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

Carcinoma of colon
metastasis
intestinal obstruction

Date of onset

Other contributory causes of importance:

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....., 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) David Keimer M. D.
City Hospital No. 1
(Address).....

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, me

....., or by

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

Signed

G. P. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand St

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.