REC'D OCT 12 1938

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

31093
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 8530
(c) City St Louis (d) Street No. 4572 Easton Av. 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? 40 yrs. mos. ds.

2. PRINT FULL NAME John Weber 160
(a) Residence, No. 4572 Easton Av. St. 11
(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): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Magdalena
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 16 1874
7. AGE: Years 64 Months 7 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Harness Maker
9. Industry or business in which work was done, as saw mill, bank, etc. Harness Shop
10. Date deceased last worked at this occupation (month and year) Sept 24 1938
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland
FATHER
13. NAME: John Weber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland
MOTHER
15. MAIDEN NAME: Vedina Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland
17. INFORMANT (ADDRESS): Magdale Weber 4572 Easton Av.
18. BURIAL, CREMATION, OR REMOVAL PLACE: New Pickers DATE: Sept 30 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Gullen & Kelly 1416 N. Taylor
20. FILED SEP 29 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28th 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1938, to Sept 28, 1938
I last saw him alive on Sept 28th, 1938. Death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:
hemorrhage of brain — Date of onset 9/25/38
~~App~~ Apoplectic
Other contributory causes of importance: Aterior Sclerosis — indefinite
Name of operation no 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) Harry H Meyer, M. D.
(Address) 4903 Delmar

Licensed Embalmer's Statement on Reverse Side)

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

Clement McNeary, or by .....

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

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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

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