

DEC 11 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

40733  
Do not use this space.

1. PLACE OF DEATH

(a) County \_\_\_\_\_ Registration District No. 1003  
(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 10425  
(c) City St. Louis (d) Street No. Measness 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

(a) Residence, No. 7531 Forsythe St. NR Clayton, MO  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 23-1905</u>		
7. AGE	YEARS <u>33</u>	MONTHS <u>2</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Manager</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Clayton Bowling alley</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	<u>6</u>
	13. NAME <u>Carl Weber</u>	<u>6</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	<u>6</u>
MOTHER	15. MAIDEN NAME <u>Elizabeth Nuebner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Margaret Weber, 75301 Forsythe</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>12-3-38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Louis D. Dopp, 1424 Wood, Mo.</u>		
20. FILED <u>DEC 2 1938</u> <u>J. B. Brudick</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/1/38 19  
22. I HEREBY CERTIFY, That I attended deceased from 10/12/36, 19... to 12/1/38, 19...  
I last saw him alive on 12/1/38, 19... Death is said to have occurred on the date stated above, at 1:20 p.m.  
The principal cause of death and related causes of importance were as follows:

acute cardiac dilatation Date of onset 12/1/38  
no definite heart disease

Other contributory causes of importance:  
Nephrosclerosis ?  
non-calculous

Name of operation Nephrectomy Date of 11/28/38  
What test confirmed diagnosis? \_\_\_\_\_ 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) James J. Reader, M. D.  
\_\_\_\_\_ (Address) 28. Central, Clayton, Mo.

SECRET

SECRET

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, *Mr*

*Louis H. Doff*

or by

Registered Apprentice No. *0*, working under my personal supervision.

Signed

*Louis H. Doff*  
*921*

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.