NOV 4 1936

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

Do not use this space.

39686

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

File No. .....

City St Louis Mo (No. Missouri Baptist Hospital St. .....Ward) Registered No. 10731

2. FULL NAME Beleah Weber.

(a) Residence, No. ..... St., NR Ward. Dittmer Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Walter Weber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-23-1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	25	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

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) Luebbring Mo

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Blanch Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luebbring Mo

17. INFORMANT Walter Weber
(ADDRESS) Dittmer Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dittmer Mo DATE 10-28 1936

19. UNDERTAKER J. H. Brimmer
(ADDRESS) House Springs Mo

20. FILED OCT 26 1936 J. H. Brimmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from only on Oct. 25 to 25-1936, 19....

I last saw her alive on Oct 25, 1936. Death is said to have occurred on the date stated above, at 7P m.

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

	Date of onset
Post partum inversion of uterus	

149.6

Other contributory causes of importance:

Shock

Name of operation None 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? No

If so, specify .....

(Signed) W. M. Winn, M. D.

(Address) 413 Wall Bldg

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.

WHITE PAPER, WITH SHADING INSIDE, THIS IS A PERMANENT RECORD

L. Ward.