

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.

AUG 29 1931

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

Do not use this space.

**29355**

**1. PLACE OF DEATH**

County St. Louis. Registration District No. 1123  
 Township Carondelet Primary Registration District No. 0248 B  
 City Jefferson Barracks, Mo. No. U. S. Veterans Hospital, Jefferson Brks, Mo. (Ward)

**2. FULL NAME** Fred W. Weber.

(a) Residence, No. 1519 No. 23rd Str., St.,          Ward.           
 (Usual place of abode) E. St. Louis, Ills. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 Mrs. Florence Weber.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>44</u>	<u>9</u>	<u>5</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable.  
Germany.

FATHER 13. NAME Unavailable.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable.

MOTHER 15. MAIDEN NAME Unavailable.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable.

17. INFORMANT (ADDRESS) C. H. Smith, Clinical Director, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR INTERMENT PLACE National Cem DATE Aug 10, 1931

19. UNDERTAKER (ADDRESS) C. Hoffmeister, U.S. Army, 7774 S. Broadway

20. FILED Aug. 6, 1931 L. C. Obrock Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1931, 19        , to August 6, 1931, 19        .  
 I last saw him alive on August 6, 1931. Death is said to have occurred on the date stated above, at 8:50 P.M.  
 The principal cause of death and related causes of importance were as follows:

Intestinal obstruction, partial.  
Ileus.  
 Other contributory causes of importance:         

Name of Operation Freeing of Intestinal adhesions. Date of 8-4-31  
 What test confirmed diagnosis? Operation Clinical & Laboratory Findings          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?  
 If so, specify           
 (Signed) W. C. Gibson, Medical Officer in Charge, Jefferson Barracks, Mo.  
 (Address)

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