

JUN 5 1936

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

Do not use this space.

21000

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township St. Louis

Primary Registration District No. 1003

City St. Louis (No. 11773)

City St. Louis

File No. 5205

Registered No. 5205

St. _____ Ward _____

2. FULL NAME

Hattie Weller

(a) Residence, No. 6510 Brooklyn St. 3 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William Weller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1858

7. AGE YEARS 78 MONTHS 0 DAYS 16 IF LESS THAN 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Prussia

13. NAME J. W. L. Bricker

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

15. MAIDEN NAME Lydia Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Dr. J. B. ...

18. BURIAL, CREMATION, OR REMOVAL PLACE Not Hope Cemetery DATE May 15 1936

19. UNDERTAKER (ADDRESS) Geo. L. Pleitach, Inc. 5946 Eastern Ave.

20. FILED MAY 15 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/10 1936 to 5/12/36 1936

I last saw her alive on 5/12 1936 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Branch pneumonia
Fracture of right hip
Fall at home

Other contributory causes of importance: Senility
Acidosis

Name of operation _____ Date _____
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 2/10, 1936

Where did injury occur? St. Louis Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fall on floor
Nature of injury Fracture of Right Femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) A. B. ... M.D.
(Address) City St. Louis

