

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

39415
Do not use this space.

1. PLACE OF DEATH **DEC 13 1937** 791
 (a) County..... Registration District No.
 (b) Township..... Primary Registration District No. **1008**
 (c) City..... (d) Street No. **Alexian Brothers Hospital** St. **10402**
 (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 **ROBERT M. WEBER**
 (a) Residence, No. **9028 Weber Rd.** St. **NR** **After Mo.**
 (Usual place of abode, if no street address, write county or city) (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 **KATIE WEBER**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 26 - 1877**
 7. AGE YEARS **60** MONTHS **6** DAYS **13** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **MEAT CUTTER**
 9. Industry or business in which work was done, as saw mill, bank, etc. **RETIRED**
 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) **GERMANY**

13. NAME **FREDRICH WEBER**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

15. MAIDEN NAME **WILHELMINA PRUESTEL**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT **Kate Weber** (ADDRESS) **9028 Weber Rd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SUN SET BURIAL PARK** DATE **NOV 10 1937**

19. FUNERAL DIRECTOR **JOS. P. FENDLER JR** (ADDRESS) **7128 MICHIGAN AVE**

20. FILED **NOV 9 1937** **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 8 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **Oct 24 1937** to **Nov 8 1937**
 I last saw **him** alive on **Nov** 19**37**. Death is said to have occurred on the date stated above, at **12:57 p.m.**
 The principal cause of death and related causes of importance were as follows:

Cancer of Stomach **embolus**
H. H. P.
 Other contributory causes of importance: **Pulmonary Embolus** **11-7-37**

Name of operation **Nephrectomy** Date of **10-25-37**
 What test confirmed diagnosis? **Biopsy** 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) **Wesley Alexander**, M. D.
 (Address) **3318 S. Grand**

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.

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APR 18 1944

STATEMENT BY LICENSED EMBALMER

I, JOS. P. FENDLER JR, Licensed Embalmer No. 925

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Jos P. Fendler Jr
Licensed Embalmer No. 925

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.)