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

Do not use this space.

File No. 40294
Registered No. 12335

1. PLACE OF DEATH

County ..... Registration District No. 701
Township ..... Primary Registration District No. 1003
City St. Louis Mo. (No. 1420 Rear Wash St. ..... Ward)

2. FULL NAME Classie Weston

(a) Residence. No. 1420 Rear Wash St., 25 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Baby

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Baby

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 16/1926

7. AGE: Years | Months 1 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Ison Weston
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Columbus
(STATE OR COUNTRY): Miss
12. MAIDEN NAME OF MOTHER: Margrette Jackson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo.

14. INFORMANT: Mary Weston
(Address) 1420 Rear Wash St

15. FILED DEC 29 1925, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 22nd 1926

17. I HEREBY CERTIFY, That I attended deceased from Dec 22nd, 1926, to Dec 22nd, 1926 that I last saw him alive on Dec 22nd, 1926, and that death occurred, on the date stated above, at 5:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 101a

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? unknown
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) G. W. Holt, M. D
, 19 (Address) 1309 Wash St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenwood Cemetery
DATE OF BURIAL: 12/29 1926

20. UNDERTAKER: Dunn Bros
ADDRESS: 215 S. Jefferson ave

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.