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

Do not use this space.

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1. PLACE OF DEATH

County St. Louis Mo Registration District No.

Township Primary Registration District No. File No. Registered No.

City (No. Missouri Pacific Hospital St. Ward)

2. FULL NAME Walter Weaver

(a) Residence. No. 4321 Taft Ave St., 15 Ward.
(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)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Weaver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20 - 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
69	11	19.	

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

9. BIRTHPLACE (CITY OR TOWN) Greenville
(STATE OR COUNTRY) ~~Ohio~~ Ind

PARENTS

10. NAME OF FATHER Patrick Weaver

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Robert R Weaver
(Address) 315 W Jefferson Kirkwood Mo

15. FILED 10 1929 Mary C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1929, to Jan 8 1929 that I last saw him alive on Jan 8 1929, and that death occurred, on the date stated above, at 1:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
Chronic Myocarditis
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Senility - Arteriosclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) J. A. Lembeck M. D.
, 19 (Address) 1755 S. Grand Blvd.

*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	DATE OF BURIAL
Sunset Burial Park	Jan 11 1929

20. UNDERTAKER Wacker Helderle ADDRESS 2331 S Bdwy

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.

WHEN COMPLETED, THIS CERTIFICATE WITH STRADDLING INSERTS IS A PERMANENT RECORD

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