JAN 26 1934

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

Do not use this space.

42158

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St. Louis, Mo. Primary Registration District No. 1003

City Deaconess Hospital, ... St. ..... Ward)

File No. .....

Registered No. 11230

2. FULL NAME George Paul Weston

(a) Residence, No. 3247 Delaus 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	wh.	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22-1933

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, 9 hrs. or 42 min.
		1	

OCCUPATION

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) St. Louis, Mo. (STATE OR COUNTRY)

FATHER

13. NAME Percy Hoeck Weston

14. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Mildred Marie Felgenhauer

16. BIRTHPLACE (CITY OR TOWN) Milwaukee (STATE OR COUNTRY) Wis.

17. INFORMANT Mrs. P. H. Weston (mother). (ADDRESS) 3247 Delaus St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Assigned Specimen DATE Dec 23, 1933

19. UNDERTAKER Deaconess Hosp. (ADDRESS) 6140 Enright Ave

20. FILED DEC 29 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1933, to Dec 23, 1933

I last saw him alive on Dec 23, 1933. Death is said to have occurred on the date stated above, at 6:12 P.m.

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

	Date of onset
Cerebral Hemorrhage	Birth
82A	12/22/33.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) H. G. Klein, M. D.

(Address) 5076 Union Av.

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.