

SEP 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis**(No. **1113 N. Market**)**27869**

File No.

Registered No. **6922**

St. Ward)

2. FULL NAME(a) Residence, (No. **1113 N. Market St.**) St. **26**, 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 PARTICULARS3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Late Catherine Weaver**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 19 1858**7. AGE YEARS **77** MONTHS **5** DYS **21** If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired R.R. man** 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **M. K. D.** 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** (STATE OR COUNTRY) **Mo.**13. NAME **George Weaver**14. BIRTHPLACE (CITY OR TOWN) **M. S.** (STATE OR COUNTRY)15. MAIDEN NAME **Martha Wood**16. BIRTHPLACE (CITY OR TOWN) **M. S.** (STATE OR COUNTRY)17. INFORMANT **Mrs. Theresa Brogan** (ADDRESS) **1113 N. Market St.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Cemetery Cem.** DATE **August 15, 1935**19. UNDERTAKER **W. J. Leiden** (ADDRESS) **1417 N. Market St.**20. FILED **AUG 14 1935** 19 **J. F. Bredeck** Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 17, 1935**22. I HEREBY CERTIFY, That I attended deceased from **you**, 19**35**, to **Aug 12**, 19**35**I last saw him alive on **Aug 12**, 19**35** Death is said to have occurred on the date stated above, at **12:00** p.m.

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

Date of onset

Carcinoma, mouth 19**34**Other contributory causes of importance: **45**Name of operation **None** Date of.....What test confirmed diagnosis? **clinical** 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) **W. J. Leiden** M. D.(Address) **4500 Olive St. St. Louis, Mo.**

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.

Cent. P. Cotton