

DEC 28 1937

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

42470  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 790  
(b) Township Clayton Primary Registration District No. 60.33<sup>9</sup> Registered No. 447  
(c) City St. Louis (d) Street No. St. Louis County Hosp. St.  
(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

Alfred Weightman  
(a) Residence, No. 710 Military Road St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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

Rose Weightman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 13, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
27 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. Trinidad Const' Co.  
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) St. Louis, Mo.

FATHER 13. NAME Alfred Weightman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakahoma

MOTHER 15. MAIDEN NAME Katherine Theman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Rose Weightman  
710 Military Rd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Hope cem DATE 12/4

19. FUNERAL DIRECTOR (ADDRESS) Fendler Undertaking Co.  
7420 Michigan Ave.

20. FILED 12/2 1937 Dr. G. J. Signorelli  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-37 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-26-37, 1937, to 12-2-37, 1937.

I last saw him alive on 12-2-37, 1937. Death is said to have occurred on the date stated above, at 1:05 A.M.

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

Right lower + middle lobe pneumonia Date of onset 11/20/37

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 Asphyxiation M. D.  
(Address) St. Louis County Hospital

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

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

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
- (a) County St. Louis Registration District No. 790
- (b) Township \_\_\_\_\_ Primary Registration District No. 60332 Registered No. \_\_\_\_\_
- (c) City Clayton (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_
- (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 Alfred Weightman
- (a) Residence, No. \_\_\_\_\_ St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_
- | 7. AGE | YEARS     | MONTHS   | DAYS      | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
|        | <u>27</u> | <u>8</u> | <u>18</u> |                                  |
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) \_\_\_\_\_
- FATHER
13. NAME \_\_\_\_\_
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_
- MOTHER
15. MAIDEN NAME \_\_\_\_\_
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_
17. INFORMANT (ADDRESS) \_\_\_\_\_
18. BURIAL, CREMATION, OR REMOVAL
- PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_
19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_
20. FILED \_\_\_\_\_, 19 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-1937
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.
- I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.
- The principal cause of death and related causes of importance were as follows:
- Risk Blower and  
myrtle love Freshman  
(Lover)
- Date of onset 11/20/37
- Other contributory causes of importance: \_\_\_\_\_
- Name of operation \_\_\_\_\_ Date of \_\_\_\_\_
- What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_
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) A. P. Leudicina, M. D.
- (Address) St. Louis Co. Hosp.

Local Registrar.

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

