

JAN 10 1938

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

43908  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **ST. LOUIS** (d) Street No. **6739 OLEATHA** 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.

Registered No. **12158**

2. PRINT FULL NAME

**Henry Weaver**  
(a) Residence, No. **6739 Oleatha** St. **3**  
(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) **married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Jane Weaver**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 29 - 1864**  
7. AGE YEARS **73** MONTHS **7** DAYS **1** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Shop man on R.R.**  
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) **Green County Ohio**

FATHER 13. NAME **Unknown** 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown** 31

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Jane Weaver 6934 Oleatha St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Lebanon** DATE **Jan 1 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Jay B. Smith Funeral Home 7456 Manchester, Maplewood**

20. FILER (ADDRESS) **J. Bredeck 5702 Groves** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 30 1937**

22. I HEREBY CERTIFY, That I attended deceased from **12 29**, 1937 to **12 30**, 1937

I last saw him alive on **12 29**, 1937 Death is said to have occurred on the date stated above, at **6 a. m.**

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

**Lobar Pneumonia**  
Other contributory causes of importance:  
**108**

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) **Robert Drace** M. D.

(Address) **5702 Groves**

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.

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STATEMENT BY LICENSED EMBALMER

I, John Fetter, Licensed Embalmer No. 3880  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed John Fetter  
Licensed Embalmer No. 3880

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