

FEB 12 1938

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

982
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. **City Hospital #2** Registered No. **838**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Morris Weaver 160
(a) Residence, No. **2929 Washington** St. **21**
(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 male	4. COLOR OR RACE col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucenia Weaver		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) - 1886		
7. AGE Abt 52	YEARS -	MONTHS -
DAYS -		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. mil	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown	9
	13. NAME unknown	9
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown	9
MOTHER	15. MAIDEN NAME unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown	
17. INFORMANT (ADDRESS) Attest Morris 3015 1/2 Bell Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan. 22 '38		
19. FUNERAL DIRECTOR (ADDRESS) A. H. (Bulfinch) Walton 2707 Holland St		
20. FILED JAN 24 1938 J. Bredeck Local Registrar		

NO MEDICAL CERTIFICATE OF DEATH NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/14/38** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on Death is said to have occurred on the date stated above, at **3:17 P.M.**
The principal cause of death and related causes of importance were as follows:
**Chronic Degenerative Myocarditis.
Chronic Parenchymatous Nephritis.
Diffuse Arteriosclerosis.**

Other contributory causes of importance: **1/2/1**

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

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) **Joseph M. Ferguson** (Address) **Admiral's Corner**

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.

