DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 12 1939

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MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

20639

State File No.

Registration District No. 1008

Primary Registration District No.

Registrar's No. 5483

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since May 19, 1939 (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town Saint Louis 1 21
(If outside city or town limits, write "RURAL")

(d) Street No. 3058 Sheridan
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 164 Charlie Weaver

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race C

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased March (Month) 31 (Day) 1874 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 65 | 2 | 16 | hr. min. |

9. Birthplace (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Henry Weaver
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Martha ? unknown
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant's own signature Evelyn Hillard
(b) Address 2601 N. Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, /39 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Wright,s Funeral Home.
(b) Address 3100 Easton Ave.

19. (a) JUN 20 1939 (Date received local registrar) (b) J. F. Buddeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June 17 day
year 1939 hour 1 minute 16 A M.

21. I hereby certify that I attended the deceased from May 19, 1939, to June 17, 1939, 19 ;
that I last saw him alive on June 17, 1939, 19 ;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Arteriosclerosis with hypertension | abt. 8-9 years |
| Due to *-- | |
| Due to ---- | |
| Other conditions Chronic nephritis (Include pregnancy within 3 months of death) | |
| Major findings: Of operations ---- | |
| Of autopsy ---- | |

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H J Lyman (M. D. or other) 1
Address 2601 N Whittier Date signed 6/20/39

(Licensed Embalmer's Statement on Reverse Side)

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.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me Chas. Gaines, Registered Apprentice No. 2349 working under my personal supervision.

Signed Chas. Gaines

Licensed Embalmer No. 2349

P. O. Address

**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.)**

**If this body is not embalmed, above space should be left blank.**