

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1130**

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:  
**Missouri Baptist**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Two Weeks**  
(Specify whether  
In this community **Six Years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis** **12**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5030 Enright Ave**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ..... years.

3. (a) PRINT FULL NAME **160 Minnie Weaver**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Arthur Weaver** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **Nov. 4, 1880**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**59** **2** **28**  
**10** hr. min.

9. Birthplace **Unknown Tennessee**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER  
12. Name **Thomas Draper**  
13. Birthplace **Unknown Tennessee**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown Tennessee**  
(City, town, or county) (State or foreign country)  
15. Birthplace **Unknown Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Minnie Weaver**  
(b) Address **5030 Enright Ave**

17. (a) **Burial** (b) Date thereof **Feb 5, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Woodward Woodard**  
(b) Address **2228 St. LOUIS AVE.**

19. (a) **FEB 4 1940** (b) **J. B. Woodard**  
(Date received local registration) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **2**  
year **1940** hour **50** minute **A** M.

21. I hereby certify that I attended the deceased from **Jan 19 40**  
to **Feb 2 1940**  
that I last saw her alive on **Feb 2 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hepatic insufficiency**  
**Cirrhosis of liver**  
Duration **48 hrs**

Other conditions **Epilepsy - Acute cholecystitis**  
(Include pregnancy within 3 months of death) **1/19/40**

Major findings: **Acute cholecystitis 1/19/40**  
of operations  
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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **Poland Stepper** (M. D. or other)  
Address **4500 Olive** Date signed **2/3/40**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of informant should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

**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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed

*Charles Goodhart*

Licensed Embalmer No. *2777*

P. O. Address *St. Louis Mo*

**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.**