

Registration District No. **791**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_  
Registrar's No. **4437**

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 PACIFIC HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **MONTH 10 DAYS**  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **James Edward Weir**  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **702-12-5682**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **ELIZABETH WEIR** 6. (c) Age of husband or wife if alive **56** years  
7. Birth date of deceased **NOV. 15 1869**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **6** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **IRELAND**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FREIGHT & BAGGAGE**

11. Industry or business \_\_\_\_\_

12. Name **MICHAEL WEIR**  
18. Birthplace **IRELAND**  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARY**  
15. Birthplace **IRELAND**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Elizabeth Weir**  
(b) Address **3011 - 0 Park av**

17. (a) **BURIAL** (b) Date thereof **MAY 21-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sealway Cemetery**

18. (a) Signature of funeral director **E. J. Schmur**

(b) Address **3125 Lafayette av**

19. (a) **MAY 10 1940** (b) **J. J. Brubaker**  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County \_\_\_\_\_  
(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3011 A PARK AV.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18**  
year **1940** hour **8** minute **30 PM**

21. I hereby certify that I attended the deceased from **April 8**, 19**40**, to **May 18**, 19**40**;  
that I last saw him alive on **May 18**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatosis**

Due to **Carcinoma of Gall Bladder**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **Carcinoma of Gall Bladder**

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 **Geo. W. Blankenship** (M. D. or other) **M.D.**  
Address **1755 S Grand** Date signed **5-18-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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: *Joseph Bollmer*  
Licensed Embalmer No. *4014*  
P. O. Address: *3125 Lafayette Ave*

**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.**