

NOV 16 1940 791

Primary Registration District No. **1003**

Registrar's No. **8252**

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

I. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Mos., 21 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Bridgeton NR
(If outside city or town limits write "RURAL")
(d) Street No. 9800 Natural Bridge
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1940 hour 11:30 minute _____ A. M.
21. I hereby certify that I attended the deceased from July
9, 1940, to October 1, 1940
that I last saw h. or alive on October 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Right breast
with generalized metastases
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Lemma Weeks

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Bert Weeks 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept 23 1897
(Month) (Day) (Year)

8. AGE: Years 43 Months 0 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Zalma Ind. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0
11. Industry or business at home 0

MOTHER FATHER { 12. Name William Kelleus
18. Birthplace unknown Ind
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Kelleus
15. Birthplace unknown Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Bert weeks

(b) Address 9800 Natural Bridge

17. (a) Burial (b) Date thereof 10-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette Cemetery

18. (a) Signature of funeral director Baumgard Brothers Inc.

(b) Address 1504 Wilson Rd. Oakland Missouri

19. (a) OCT 3 1940 (b) J.D. Braddock
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____
Of autopsy _____

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 _____
28. Signature William H. Elliott (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 10/1/40

1956
MAY 27

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 Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.