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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40251
10022

JAN 15 1941
Registration District No. 7911

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County 2

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

(c) Name of hospital or institution:
4166 Russell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4166 Russell
(If rural, give location)

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

3. (a) PRINT FULL NAME Bessie N. Weaver

3. (b) If veteran, name war

3. (c) Social Security No. 091-05-5024

4. Sex female

5. Color or race white

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 February 21, 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 14 If less than one day hr. min.

9. Birthplace New London (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Stenographer 6

11. Industry or business Socony Vacuum Oil Co. 0

FATHER
12. Name John N. Weaver
13. Birthplace Not known (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Bramblett
15. Birthplace Not known (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs J. N. Weaver
(b) Address 4166 Russell

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/7/40 (Month) (Day) (Year)
(c) Place: burial or cremation New London, Mo.

18. (a) Signature of funeral director Jno L. Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) DEC 6 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 1940 hour 3:15 minute A. M.

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

	Duration
Immediate cause of death Cardiac Thrombosis; Malignant Nephrosclerosis;	
Due to	
Due to	
Other conditions (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 5

23. Signature Joseph M. Quinn (M. D. or other)
Address Bergantz Co. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grants

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.