

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32910**
Registrar's No. **7861**

FILLED NOV 27 1941
Registration District No. **7184**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
H.G. Phillips Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 13 yrs
years, months or days)

3. (a) PRINT FULL NAME George Weatherspoon
3. (b) If veteran, name war nil 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Cynthia Weatherspoon 6. (c) Age of husband or wife if alive UK years

7. Birth date of deceased Nov 27 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 16 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace West Point Miss 1
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Charlie Weatherspoon
13. Birthplace Unknown Miss 1
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Lipscomb
15. Birthplace Unknown Miss 170
(City, town, or county) (State or foreign country)

16. (a) Informant Charlie Weatherspoon
(b) Address 2907 1/2 Easton Ave

17. (a) Burial (b) Date thereof 10-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cem

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2828 Stoddard St

19. (a) OCT 1 1941 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St Louis 21 14
(If outside city or town limits, write "RURAL")
(d) Street No. 2907 1/2 Easton Ave 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th
year 1941 hour 6:25 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.

Immediate cause of death Internal Hemorrhage Duration
from Ruptured Liver; when while lying
in the street he was run over by an
automobile operated by Everett
Schroll in front of 3012 Dixon Avenue
Due to about 1:30 A.M., Sept. 27, 1941.

WHETHER THIS WAS THE CAUSE OF DEATH
OR WHETHER HE WAS STRUCK BY A
AUTOMOBILE PRIOR TO THIS TIME
(Include pregnancy within 3 months of death)

Major findings of operations COULD NOT BE DETERMINED PHYSICIAN
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept. 27, 1941
(c) Where did injury occur? St. Louis, Mo. 000
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place

23. Signature Thomas F Callanan (e) Means of injury 0
Address Deputy Parson Date signed _____
(City or other)

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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.

Myself

Signed *Glenn E. Anderson*

Licensed Embalmer No. *4141*

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, fact should be so stated above.