793
S. No. 2
M—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12944

FILED MAY 3 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3817

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

1. 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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9

(c) City or town St. louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2209a South Jefferson
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael James Weakly

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

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 October 7, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	6	15	hr. min.

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Fireman

11. Industry or business

FATHER
12. Name William P. Weakly
13. Birthplace Not known (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant James Weakly
(b) Address 5318 Chippewa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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

19. (a) APR 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22, year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from April 21, 1943 to April 22, 1943 that I last saw him alive on April 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage	Duration
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None obtained

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? 0
While at work? (Specify type of place) (e) Means of injury

23. Signature Eugene Wiegy (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 4/23/43

(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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.