DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12945

MAY 14 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4263

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: Enroute to St Marys. Inf. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community None

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St Clair 11

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

(d) Street No. 375 North 27th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years. 2

3. (a) PRINT FULL NAME DEAVIT WEARY

3. (b) If veteran, name war none

3. (c) Social Security No. 348-05-3773

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 25 (Day) 1892 (Year)

8. AGE: Years 50 Months 4 Days 10 If less than one day hr. min.

9. Birthplace State Line (City, town, or county) Louisiana (State or foreign country)

10. Usual occupation Sta. Fireman

11. Industry or business Cement Block Mfg.

FATHER 12. Name Unknown N.G.A.

13. Birthplace Unknown USA (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Rebecca Weary

15. Birthplace Louisiana (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dewitt Weary

(b) Address 375 North 27th St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 7 1943 (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director J L Marshall

(b) Address 2205 Mo. Ave East St Louis Ill

19. (a) MAY 7 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1943 hour 1 minute P M.

21. I hereby certify that I attended the deceased from May 3 1943, to May 4 1943; that I last saw him alive on May 4 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Dilatation of Heart

Due to: F N Thompson

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy:

Duration

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) No

(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 Edgar F Hendrickson (M. D. or other) M.D.

Address 925 N 22nd Date signed 5/6

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 1-1-1 X 19811

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 Me

, Registered Apprentice No. ,

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address P. 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, above space should be left blank.