S. No. 2
0M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30529

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8783

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Jewish Hospital
(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: 0

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 000 17

(c) City or town: St. Louis 129
(If outside city or town limits, write "RURAL")

(d) Street No.: Congress Hotel 275 N. Union
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: John W. Weston

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Nina K. Weston

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: unknown (Month) (Day) (Year)

8. AGE: Years: about 74 | Months: -- | Days: -- | If less than one day: hr. min.

9. Birthplace: London (City, town, or county) England 4 (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Salesman

FATHER
12. Name: unknown
13. Birthplace: London (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: London (City, town, or county) England 4 (State or foreign country)

16. (a) Informant: William Schields
(b) Address: 4430 Westminster

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 10-5-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Crematory

18. (a) Signature of funeral director: Herman Rudstegel
(b) Address: 5216 Delmar Blvd.

19. (a) OCT 4 1943 (Date received local registrar) (b) J. F. Bredell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 4 year: 1943 hour: 12 midnight minute: M.

21. I hereby certify that I attended the deceased from Sept. 27, 1943, to Oct 4, 1943, that I last saw him alive on Oct. 3, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	4 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Bronchopneumonia

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:

Signature: Herman M. Meyer (M. D. or other) M.D.
Address: 508 N. Grand Date signed: 10/4/43

(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 Chas. W. Cooper

Licensed Embalmer No. 3850

P. O. Address 5216 Delmar

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.