

FILED JAN 4 1944 318

Primary Registration District No. 1003

Registrar's No. 1165

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution 1 mo. 9 days
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis,
(d) Street No. 2907 Easton Avenue
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Charles Weatherspoon

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male Color Col
5. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: March 6th 1876

8. AGE: Years 67 Months 10 Days 15
If less than one day hr. min.

9. Birthplace: Miss

10. Usual occupation

11. Industry or business laborer

MOTHER FATHER { 12. Name Kato Weatherspoon
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Charlie Weatherspoon Jr
(b) Address 2907 Easton Ave

17. (a) Burial (b) Date thereof 12-29-43
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Ellis F. N. Home
(b) Address 2820 Stoddard St.

19. (a) Dec 29 1943 (b) J. F. Braddock
(Date received local Registrar) (Registrar's signature)

20. DATE OF DEATH: Month December day 22,
year 1943 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from November 13, 1943 to December 22, 1943
that I last saw him alive on December 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Ca. of Stomach with Metastasis abdominal wall and neck,

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?

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

23. Signature S. E. Smith (M. D. or other)
Address 3601 Whittier Date signed 12/23/43

Duration
Unk.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 Myself

Lonnie Baykin, Registered Apprentice No. _____
working under my personal supervision.

Signed: Lonnie Baykin

Licensed Embalmer No. 2946

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: