

FILED MAR 27 1944
REGISTRATION DISTRICT No. **318**

Primary Registration District No. _____

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

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:
City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3655 McRee Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Harrison Benton Weathers

3. (b) If veteran, name war ***** 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Harriet B. Weathers 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 29 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>5</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Barber

11. Industry or business _____

MOTHER, FATHER

12. Name Addison Weathers

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

14. Maiden name Mathilda Johnson

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

16. (a) Informant Harriet Weather

(b) Address 3655 McRee Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 13 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Gillespie Illinois

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAR 14 1944 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day March
year 1944 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from 2-29-44
February 29 1944 to March 10 1944
that I last saw him alive on March 10 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to Thrombophlebitis both femoral veins with proximal ulcer

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

Major findings: none

Of operations _____

Of autopsy yes

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? _____

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

23. Signature D. J. Verda (M. D. or other)
Address 1515 Lafayette Date signed 3/11/44

2459

2459

My Wives

23971

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 *Frank J. Swann*

Licensed Embalmer No. *7245*

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.