

FILED APR 26 1944

318

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

3634

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 37
 (c) City or town Rosebud Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George Spurgeon Weaver

3. (b) If veteran, name war _____ 3. (c) Social Security No. 91-07-0970

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

6. (b) Name of husband or wife Augusta Weaver 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 9th, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	0	10	hr. _____ min.

9. Birthplace Indian Springs Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Inspector

11. Industry or business Union Electric

MOTHER FATHER

12. Name ? Weaver

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

14. Maiden name ? 9

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

16. (a) Informant Mrs. H. J. Foley

(b) Address 1106 Lafayette Ave

17. (a) Burial (b) Date thereof 1/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) APR 20 1944 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
 year 1944 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3/26/44 to 4/19/44, 19____, that I last saw him alive on 4/18/44, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Anger Peleosis Duration 10 days

Due to Cancer, Peliosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____

3. Signature W. Antonio Hill (M. D. or other) _____
 Address 1627 Tower Grove Ave. Date signed 4/19/44

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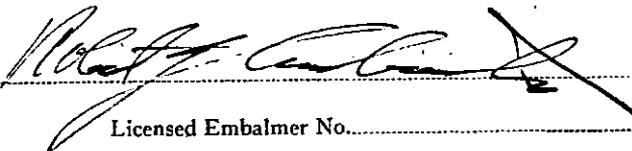
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No.....

P. O. Address.....

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.