

V. S. No. 2
100M-5-43
Rev. 5-17-39
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#50882
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35975

State File No. _____

FILED DEC 7 1945
318

Registration District No. _____
Primary Registration District No. _____

Registrar's No. **10425**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
15 years (Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 20 17

(d) Street No. 2204 Benton St. 9
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHN WEAVER

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

4. Sex male 5. Color of race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased May 13th., 1930
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th
year 1945 hour 2:35 minute A M.

21. I hereby certify that I attended the deceased from 11/26/45 19 _____ to 11/29/45 19 _____
that I last saw him alive on 11/29/45 19 _____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
15 6 16 hr. _____ min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Weaver

{ 13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

{ 14. Maiden name Florence Murry

{ 15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Weaver

(b) Address 2202 Benton St.

17. (a) Burial (b) Date thereof 12-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) DEC 1 1945 (b) J. F. Bredsted
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____ Duration _____

Organic Heart Disease

Due to Acute Myocarditis

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy None Same

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) _____

Means of injury _____

Signature Philip D. Seal Date signed 11/29/45
Address 1514 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

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

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17
9

[Handwritten signature]

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 Rex Campbell

Licensed Embalmer No. 3884

P. O. Address. 2423 St. Louis

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.