

FILED DEC 7 1945
318

Registration District No. _____ Primary Registration District No. **1003**

Registrar's No. **10323**

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 56 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Ada Weekly

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 2 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 26 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business --

12. Name Wm Owens 7
13. Birthplace Unavailable 7
(City, town, or county) (State or foreign country)
14. Maiden name Eliza unavailable
15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Beals 1
(b) Address 1718 Lovejoy Lane

17. (a) Burial (b) Date thereof 12-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) NOV 28 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 070
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1718 Lovejoy Lane
(If rural, give location) 201.7
(e) Citizen of foreign country? No (Yes or No) 9
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1945 hour 10 minute 25 M.

21. I hereby certify that I attended the deceased from 10-2
1945, to 11-28, 1945;
that I last saw her er alive on 11-28, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death
Senility with Hypertension

Duration
Unk

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

Major findings:
Of operations _____

Of autopsy No

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 J. F. Bredeck (M. D. or other) _____
Address 2601 Whittier St Date signed 11/28

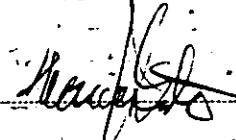
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.