

No. 2
-12-45
-17-39
X47070

FILED **SEP 21 1946**
318

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Luke's 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 _____

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

(d) Street No. 3659a Laclede Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Best Weatherford

3. (b) If veteran, name war nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clarence Weatherford

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased August 9 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1946 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept. 28 to Oct 12 1946
that I last saw her alive on Oct 12 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>2</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage

Due to arterio sclerosis
hypertension

Due to _____

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

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant Clarence Weatherford

(b) Address 3659a Laclede Ave.

17. (a) Removal (b) Date thereof 10-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Litchfield, Illinois

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? _____

18. (a) Signature of funeral director Fred Williams

(b) Address 4535 Washington Blvd.

19. (a) OCT 15 1946 (Date recorded and filed)
J. F. Bredner (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury _____ (M. D. or other)

19. (b) Signature J. F. Bredner (M. D. or other)
Address 3903 Olive St Date signed Oct 14-46

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John Agonaski

Licensed Embalmer No.....

3398

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.