

Registration District No. 160

Primary Registration District No. 3029

State File No. _____

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Crystal City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 47 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Crystal City
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) - Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Roy F. Weast

3. (b) If veteran, name war ✓

3. (c) Social Security No. 489-03-4719

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Nettie

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased December 25, 1896
(Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 18
If less than one day hr. min.

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

10. Usual occupation Blouse maker

11. Industry or business P.P. Glass Co.

12. Name Robert F. Weast

13. Birthplace Des Arc, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Geneva Belle Davis

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

16. (a) Informant Mrs. Roy Weast
(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof Nov. 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.
(d) Signature of funeral director Walter R. Peltz
(e) Address Crystal City, Mo.

19. (a) Nov 15 1946 (b) Clara Shaver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1946 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from June 19
1946, to Nov. 13, 1946;
that I last saw him alive on Nov. 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Bronchopneumia
with metastasis
Due to NEPHRITIS ACUTE

Duration Unk.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____

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

Of autopsy 470

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?

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

23. Signature Harry Gaskill (M. D. or other) M.D.
Address 21511 Mo. Date signed 11/15/46

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

MOTHER FATHER

Date Filed 11/8/46

District File Number

District Health Officer No. 9.

RECEIVED

APR 9 1947

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

Geoffrey R. Jollette

Licensed Embalmer No. 3481

P. O. Address Crystal City, Va

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.