

S. No. 2
-12-45
5-17-39
-1 X47070

FILED FEB 24 1948

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 1334

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
1230 Hamilton Ave.
(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 Mo. (b) County _____

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

(d) Street No. 1230 Hamilton Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Sallie M. Weaver

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

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased August 21st, 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1947 hour I minute _____ P.M.

21. I hereby certify that I attended the deceased from 10-15-46 to 2-8-47
that I last saw h. or alive on 2-7-47
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

82 4 17 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio-sclerosis & Hypertension

Due to _____

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

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

10. Usual occupation None

Major findings: Of operations none

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name James Johnson

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

14. Maiden name Arena Washum
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Grace Johnson (Daughter)

(b) Address 1230 Hamilton Ave.

17. (a) Burial (b) Date thereof 2/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Kraeger-Voss, Inc.

(b) Address 3402 N. Kingshighway

19. (a) FEB 10 1947 J. F. Bredek
(Date received local registrar) (Registrar's signature)

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? (e) Means of injury _____

23. Signature Dr. Howard (M. D. or other) _____
Address 702 Mo Bldg Date signed 2-9-47

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 J. Denny
Licensed Embalmer No. *4194*
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.