

S. No. 2
OM-5-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7107**
Registrar's No. **1874**

FILED MAR 11 1947
Registration District No. **318**

Primary Registration District No. **100**

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

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:
1521a So. 3rd St.
(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 Ass
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2317
(d) Street No. 1521a So. 3rd St.
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Charles W. Weeks

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gladys 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Jan. 7 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 1 16 _____ hr. _____ min.

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

10. Usual occupation Plasterer

11. Industry or business For Self

12. Name Ed. Weeks 9

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

14. Maiden name Rebecca Howards

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

16. (a) Informant Mrs. C. Weeks

(b) Address 1521a So. 3rd St.

17. (a) Burial (b) Date thereof 2 26 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) FEB 24 1947 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23rd
year 1947 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 1
1946, to Feb. 23rd 1947
that I last saw him alive on Feb 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 hr.

Due to Hypertensive Heart Disease 5 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) 9/20

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature Des. H. Seib (M. D. or other) MD

Address 2323 Lafayette Ave Date signed 2/24/47

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 Edwin M. Bennett
Licensed Embalmer No. 3024

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.