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FILED APR 14 1947
Registration District No. _____

Primary Registration District No. 1003

State File No. _____
Registrar's No. 3535

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:
3621 Oak Hill
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life.
years, months or days

3. (a) PRINT FULL NAME El Dora F. 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 Widow 2
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 11th, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 21 hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER {
 12. Name Thornton Bramblett
 13. Birthplace Not known 9
(City, town, or county) (State or foreign country)
 14. Maiden name Jeffries
 15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Weaver
 (b) Address 3968a Folsom

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/47
(Month) (Day) (Year)
 (c) Place: burial or cremation New London Mo.

18. (a) Signature of funeral director J. L. Ziegenhein
 (b) Address 7027 Gravois Ave.

19. (a) APR 3 1947 (Date received local registration) J. F. Bredeek (Registrar's signature)

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. 3621 Oak Hill
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
 year 1947 hour 12 minute 150 M.

21. I hereby certify that I attended the deceased from
19 to 19
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
(Coronary Arteriosclerosis)
 Due to Coronary Arteriosclerosis
 Due to 12
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____

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) no
 (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)
 (g) Means of injury _____
 23. Signature J. F. Bredeek (M. D. or other) 3
 Address 4704 Gravois Ave. signed 4/1/47

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 *W. J. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.