S. No. 2
1—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26304

State File No.

Registration District No. 317 Primary Registration District No. 2062 Registrar's No. 1461

96
3
5

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
670Ia Crest Avenue
(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 St. Louis 96

(c) City or town St. University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 670Ia Crest Avenue 5
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WEIR, HENRY S.

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Louisa Weir

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October (Month) 8, (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	8	29	hr. min.

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

10. Usual occupation Retired Presser

11. Industry or business Cleaning

FATHER
12. Name William Weir
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Scotland, (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. Henry S. Weir (Wife)
(b) Address 670Ia Crest Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. Jeff. Bks.

18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 South Broadway

19. (a) 7-8-47 (Date received local registrar) (b) Cecila J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1947 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1, 1947, 19 , to July 6, 1947
that I last saw him alive on July 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction coronary arteriosclerosis

Due to 9400

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Michael M Paul (M. D. or other)
Address 3720 Washington Blvd. Date signed July 7/1947

(Licensed Embalmer's Statement on Reverse Side)

3720 Washington
Jefferson 8498
Dr. Carl Wiel Sign
on Dr Becke Anytime
between 2-4:30 P.M.
7-7-47

JUL 21 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 Harry J Schumacher

Licensed Embalmer No 2679

P. O. Address 7814 S Broadway

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.