

S. No. 2  
M-1/47  
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36399

State File No.

9440

Registrar's No.

FILED OCT 24 1947

Primary Registration District No. 1003

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

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street, number or location)  
(d) Length of stay: In hospital or institution..... 2 1/2 months  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... oao  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 3916 Fairfax  
(If rural, give location)  
(e) Citizen of foreign country?..... No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... Elizabeth Weatherly  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month..... Oct. day..... 7  
year..... 1947 hour..... 8 minute..... 15 P. M.

4. Sex..... Female 5. Color or race..... Negro  
6. (a) Single, widowed, married, divorced..... Single  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... Oct. 4, 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....  
July 26 19 47 to..... Oct. 7 19 47;  
that I last saw h..... er alive on..... Oct. 7 19 47;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
55 0 3 hr. min.

Immediate cause of death..... Arteriosclerotic Heart Disease Undet.  
Due to.....  
Due to..... 46

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

Possible Carcinoma of Colon Undet.  
Other conditions.....  
(Include pregnancy within 3 months of death)

10. Usual occupation..... Laundress

11. Industry or business.....  
12. Name..... Julius Weatherly  
13. Birthplace..... Fenton, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Unknown  
15. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy..... No  
Underline the cause of which death should be charged statistically.

16. (a) Informant..... Georgia Brown  
(b) Address..... 921 So. Spring Avenue  
17. (a) Burial (b) Date thereof..... 10/14/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

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)

18. (a) Signature of funeral director..... Russell Und. Co.  
(b) Address..... 2732 Pine Street  
19. (a) OCT 13 1947 (b) J. F. Bredick  
(Date received local registrar) (Registrar's signature)

23. Signature..... Esmer P. Daniels (M. D. or other)  
Address..... 2601 N. Whittier Date signed..... 10/10/47

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.