No. 300
10-48

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

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3380

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 326

1. PLACE OF DEATH
a. COUNTY St. Louis City
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SAINT LOUIS
c. LENGTH OF STAY (In this place) 14 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4403A OLIVE STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI LIVE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SAINT LOUIS
d. STREET ADDRESS (If rural, give location) 4403A OLIVE STREET

3. NAME OF DECEASED (Type or Print)
a. (First) ALFRED
b. (Middle)
c. (Last) WEIGHTON

4. DATE OF DEATH (Month) JAN. (Day) 10 (Year) 1949

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH AUG. 28, 1875
9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRAFFIC MANAGER
10b. KIND OF BUSINESS OR INDUSTRY LOOSE-WILES
11. BIRTHPLACE (State or foreign country) LETHAN, SCOTLAND
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ALFRED WEIGHTON
13b. MOTHER'S MAIDEN NAME NOT KNOWN
14. NAME OF HUSBAND OR WIFE NETTA WEIGHTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME GORDON WEIGHTON
ADDRESS 4403A OLIVE STREET

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June *19* 45, *to* Jan 10, *19* 49, *that I last saw the deceased alive on* Jan 10, *19* 49, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph E. Carney (Degree or title) M
23b. ADDRESS 906 Olive St
23c. DATE SIGNED 1-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JAN. 13, 1949
24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY
24d. LOCATION (City, town, or county) ST. LOUIS COUNTY (State) MO.

DATE REC'D BY LOCAL REGISTRAR JAN 12 1949
REGISTRAR'S SIGNATURE J. B. Fassater
25. FUNERAL DIRECTOR'S SIGNATURE TRUTH CENTER MORTUARY
ADDRESS 4024 LINDELL BLVD

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Signed J. Allen Davis Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4053

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.