

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3143**
Registrar's No. **559**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2069	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 5 yrs		d. FULL NAME OF HOSPITAL OR INSTITUTION 5987 PAGE Blvd	
3. NAME OF DECEASED a. (First) IDA		c. (Last) WEIR	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 16-1950	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2	8. DATE OF BIRTH Dec 27-1869
9. AGE (In years last birthday) 80		10. KIND OF BUSINESS OR INDUSTRY House-wife	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) BANGOR, Michigan	
13a. FATHER'S NAME Louis Bowman		13b. MOTHER'S MAIDEN NAME NANCY Leedy	
14. NAME OF HUSBAND OR WIFE FRANCIS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CORA NOVACK 5987 Page Blvd.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Apparatus Cardiovascular Disease		ANTECEDENT CAUSES		Due to (b)	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Due to (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 443X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **Nov 27, 1945**, to **Jan 16, 1950**, that I last saw the deceased alive on **Jan 16, 1950**, and that death occurred at **7:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. G. Hasater (Degree or title) M.D.		23b. ADDRESS 3903 Olive		23c. DATE SIGNED 1/18/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-19-50		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W. S. Phillips		ADDRESS Funeral Home 23010 1/2 Fayette	
DATE REC'D BY LOCAL REG. JAN 18 1950		REGISTRAR'S SIGNATURE J. G. Hasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

Mr. Sidney Brown
3903 Olive St.
La 6211

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.

Student
Student Embalmer

Signed.....

L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette Ave

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.