

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15308

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 1186

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>WEBSTER GROVES</u>		c. LENGTH OF STAY (in this place) <u>33 YRS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>16 ELM PLACE</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	
		f. STREET ADDRESS (If rural, give location) <u>450 16 ELM PLACE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GORDON</u> b. (Middle) <u>WEAVER</u> c. (Last) <u>WEAVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 7 1950</u>		
---	--	--	---	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT-1-1883</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
-----------------	---------------------------	---	------------------------------------	---	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INDUSTRIAL ENG.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNION ELECTRIC</u>	11. BIRTHPLACE (State or foreign country) <u>CLEARFIELD PENN.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>PAUL F. WEAVER</u>	13b. MOTHER'S MAIDEN NAME <u>JENNIE McCULLOUGH</u>	14. NAME OF HUSBAND OR WIFE <u>MAZIE WEAVER</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>493-05-1348</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mazie M Weaver</u>	ADDRESS _____
---	--	---	---------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Diabetes Mellitus</u>		<u>Over 10 yrs.</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>260x</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>260x</u>	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) _____
--	--	---

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 Feb., 1950, to May 7., 1950, that I last saw the deceased alive on May 7., 1950, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. ...</u>	(Degree or title) <u>U</u>	23b. ADDRESS <u>19 E. Lockwood, Webster Groves, Mo.</u>	23c. DATE SIGNED <u>May 5, 1950</u>
---------------------------------	----------------------------	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-9-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY KIRKWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>MO</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL HEALTH DEPT. <u>MAY 9 1950</u>	REGISTRAR'S SIGNATURE <u>Hubert ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert ...</u>	ADDRESS <u>Webster Groves Mo</u>
--	---	--	----------------------------------

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Leslie Welch*

Licensed Embalmer/No. 4395

P. O. Address Wabster Groves 1

**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.