

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24451

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Charles <i>Rural</i> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson 4111	
c. LENGTH OF STAY (In this place) 3-4 hrs		d. STREET ADDRESS (If rural, give location) 325 Tiffin Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sportsman Inn Lake			
3. NAME OF DECEASED (Type or Print) a. (First) Max		b. (Middle) T.	
c. (Last) Weese		4. DATE OF DEATH (Month) (Day) (Year) July 4 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov 10, 1927
9. AGE (In years last birthday) 22		IF UNDER 1 YEAR Months Days	
IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trimmer		10b. KIND OF BUSINESS OR INDUSTRY Auto Assembly Plant	
11. BIRTHPLACE (State or foreign country) Johnston, South Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James E. Weese		13b. MOTHER'S MAIDEN NAME Effie Inez Baker	
14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War 2		16. SOCIAL SECURITY (If yes, give war or dates of service) 248-42-4989	
17. INFORMANT'S SIGNATURE OR NAME Richard W. Bell-Lexington, S.C.		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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 29548 42			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 092	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF DEATH (e.g. in or about home, farm, factory, street, office bldg., etc.) Lake-Sportsman Inn St. Charles Mo.	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Charles St. Charles Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Accidental Drowning			
22. I hereby certify that I attended the deceased from July 14th, 1950, and that death occurred at 1:00 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Marvin Murchey		23b. ADDRESS 3 Crown Winterville mo	
23c. DATE SIGNED 7-4-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 6-1950	
24c. NAME OF CEMETERY OR CREMATORY Sale Funeral Home		24d. LOCATION (City, town, or county) (State) Lexington, S. C.	
DATE REC'D BY LOCAL REG. 7/10/50		REGISTRAR'S SIGNATURE 284 Franice Hamilton	
25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallmeyer + Sons Co		ADDRESS 800 N. 2nd St. Charles, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 17 1900  
District Health Officer No. 9,  
District File Number

JUL 21

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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, Mo.

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.