

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 25399
Registrar's No. 6282

BIRTH NO. #111138		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6282		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 2700 North Spring Ave., 0				
3. NAME OF DECEASED (Type or Print) a. (First) LAFAYETTE b. (Middle) c. (Last) WEIR			4. DATE OF DEATH (Month) (Day) (Year) July 14th, 1950					
5. SEX Male 0		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Mar. 11, 1893	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (State or foreign country) unknown Minn. /		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Wm Weir		13b. MOTHER'S MAIDEN NAME Sarah unknown		14. NAME OF HUSBAND OR WIFE Wabel Weir				
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 M. Renard, St. Louis City Hospital #1.				
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Thyroid with metastasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 194X				
22. I hereby certify that I attended the deceased from 5/3/50 to 7/14/50, 19___, that I last saw the deceased alive on 7/14/50, 19___, and that death occurred at 10:05 am, from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) James A. Hutchinson, M.D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 7/14/50		
24a. FUNERAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE JUL 24 1950	24c. NAME OF CEMETERY OR CREMATORY CITY CREMATORY		24d. LOCATION (City, town, or county) (State) St. Louis, Mo			
DATE REC'D BY LOCAL REG. JUL 22 1950		REGISTRAR'S SIGNATURE J. B. Foster		F. FUNERAL DIRECTOR'S SIGNATURE J. Ryan - 5800 Arsenal		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.