

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25692

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1840

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>Koch</u>	c. LENGTH OF STAY (in this place) <u>459</u>	c. CITY OR TOWN <u>Saint Louis</u> <u>2199</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4317 Forest Park Boulevard</u>	

3. NAME OF DECEASED (Type or Print) <u>VEA</u>	a. (First) _____ b. (Middle) _____ c. (Last) <u>WEAST</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>30</u> <u>1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(married)</u>	8. DATE OF BIRTH <u>4-18-99</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Bravo, Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Prentiss Brenner</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Hadaway</u>	14. NAME OF HUSBAND OR WIFE <u>Everett Weast</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>77</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Everett Weast</u> ADDRESS <u>4317 Forest Park</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</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. <u>no Pulmonary</u>			<u>NO2X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>002X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 4-26-, 1949, to 7-30-, 1950, that I last saw the deceased alive on 7-30-, 1950, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Bernard Friedman M.D.</u> (Degree or title) _____	23b. ADDRESS <u>Koch, Mo.</u>	23c. DATE SIGNED <u>7-30-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-1-50</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Laurel Hill Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-1-50</u>	REGISTRAR'S SIGNATURE <u>Robert L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Funeral Home</u> ADDRESS <u>2301 Lafayette</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

40000

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. Casper

Licensed Embalmer No.

3630

P. O. Address

2317 Lafayette

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.