

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Festus</b>	
c. LENGTH OF STAY (in this place) <b>7 days</b>		d. STREET ADDRESS (If rural, give location) <b>423 HENRY, STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JANETTA</b> b. (Middle) <b>PAULINA</b> c. (Last) <b>WEIGHT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 8, 1950</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>March 12, 1904</b>		9. AGE (In years last birthday) <b>46</b>		IF ORDER IN HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own-home</b>		11. BIRTHPLACE (State or foreign country) <b>Festus, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Walter Tindall</b>		13b. MOTHER'S MAIDEN NAME <b>Cebie</b>		14. NAME OF HUSBAND OR WIFE <b>John L. Weight</b>	
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 <b>John L. Weight Festus Mo.</b>	
				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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Scler. C.V. Disease</b>			<b>3 yrs +</b>	
		DUE TO (c) <b>Diabetes Mellitus - Acidosis</b>			<b>1-3 yrs</b>	
		11. 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)			
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? <b>2nd X</b>			

22. I hereby certify that I attended the deceased from **11-30-50**, 19**50**, to **12-7-**, 19**50**, that I last saw the deceased alive on **12-7-**, 19**50**, and that death occurred at **5:10 AM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John H. Kennedy M.D.C.M.</b> (Degree or title)		23b. ADDRESS <b>508 No Grand.</b>		23c. DATE SIGNED <b>12-11-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Dec. 10, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>POSELAWN MEM. PK.</b>	
24d. LOCATION (City, town, or county) (State) <b>Festus MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Country C. Pette</b>		ADDRESS <b>Country C. Pette</b>	
DATE REC'D BY LOCAL REG. <b>DEC 11 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Farahan</b>			

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 Eleanora Ponce

Licensed Embalmer No. 3403

P. O. Address Festus 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.