

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6784
1213

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 100		Registrar's No. _____			
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		c. LENGTH OF STAY (In this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		2049			
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL				d. STREET ADDRESS (If rural, give location) 4217 N 20 th St.					
3. NAME OF DECEASED (Type or Print) HERMAN SHOTT WEAKS			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH FEB. 5 - 1951		5. SEX M. O		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH MAR-22-1896 34	
9. AGE (In years last birthday) 54		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE REPAIRER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BATESVILLE ARK.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FREDERICK P. WEAKS			13b. MOTHER'S MAIDEN NAME SARAH ATHA			14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MATTIE J. WEAKS				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? H201		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:55 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Patrick E. Taylor, Colonel				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 2.7.51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 2-8-51		24c. NAME OF CEMETERY OR CREMATORY OAK LAWN CEM		24d. LOCATION (City, town, or county) (State) BATESVILLE ARK.			
DATE REC'D BY LOCAL REG. FEB 7 1951		REGISTRAR'S SIGNATURE J B Foster		25. FUNERAL DIRECTOR'S SIGNATURE Parker-Aldrich Fun Home Inc.					

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 *Walter Brown* _____

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.