

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39885

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10478

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST Louis	c. LENGTH OF STAY (in this place) 4 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rush Tower	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital		d. STREET ADDRESS (If rural, give location) Gen'l Delivery	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Homer c. (Last) Weaver Jr.			4. DATE OF DEATH (Month) (Day) (Year) Nov. 25-1951				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11-7-1943		9. AGE (In years last birthday) 8		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY School Boy		11. BIRTHPLACE (State or foreign country) ST. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Wm. Weaver Sr.		13b. MOTHER'S MAIDEN NAME Estelle Canepa		14. NAME OF HUSBAND OR WIFE Notre	
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. None		17. INFORMANT'S SIGNATURE OR NAME 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ac appendicitis  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. ac Ectericitis				INTERVAL BETWEEN ONSET AND DEATH 6 days	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION ac peritonitis - ruptured appendix			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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 550.1		

22. I hereby certify that I attended the deceased from 11-21, 1951, to 11-25, 1951, that I last saw the deceased alive on 11-25, 1951, and that death occurred at 7 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 45660 Maryland		23c. DATE SIGNED 11-25-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-28-51	24c. NAME OF CEMETERY OR CREMATORY Gartzel	24d. LOCATION (City, town, or county) (State) Festus Mo		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 26 1951 [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS g. Lee Mathershead - De Soto Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

SEP 29 1958

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**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 Andrew H England

Licensed Embalmer No. 47845

P. O. Address De Soto, 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.