

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40844

State File No. _____

FILED DEC 12 1952

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10955

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5336 St. Louis Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>5336 St. Louis Avenue</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Weaver</u>	
4. DATE OF DEATH		(Month) <u>11</u>		(Day) <u>26</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>10 - 6 - 1873</u>	
9. AGE (In years last birthday)		<u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 MOS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motion Picture Opr</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Motion Picture</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Memphis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Charles Weaver</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Bratton</u>			14. NAME OF HUSBAND OR WIFE <u>Ann B. Weaver</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, specify branch) (If yes, specify war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>489-01-6561</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Plinski</u>		
18. ADDRESS <u>6104 Wyma Avenue</u>							
18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) <u>Cerebral Hemorrhage</u>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis at heart</u>				<u>20 yrs</u>	
		DUE TO (c) <u>(Fallout of block at time of stroke)</u>				<u>2 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Prostate</u> <u>Carcinoma of Stomach</u>				<u>4 yrs</u>	
19a. DATE OF OPERATION <u>10/4/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach - Prostate gland</u>				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? <u>151</u>			
22. I hereby certify that I attended the deceased from <u>8/24, 1952</u> to <u>26 Nov, 1952</u> , that I last saw the deceased alive on <u>23 Nov, 1952</u> , and that death occurred at <u>3:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. Ernest Jones M.D.</u>				23b. ADDRESS <u>634 N. Grand Blvd</u>		23c. DATE SIGNED <u>28 Nov 52</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/1/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 28 1952</u>		REGISTRAR'S SIGNATURE <u>H. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>			
				ADDRESS <u>1905 Union Blvd.</u>			

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

Dr. Joshua E. Jensen
Christian Hosp

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 Warren G. Carver

Licensed Embalmer No. 3534

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.