

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27010**
Registrar's No. **6974**

JUL 31 1953

BIRTH NO. _____

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

Registrar's No. _____

6974

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 Mo		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2199					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4300 McPHERSON				d. STREET ADDRESS (If rural, give location) 19 4300 McPHERSON					
3. NAME OF DECEASED (Type or Print) a. (First) FANNIE		b. (Middle) B.		c. (Last) WEAVER		4. DATE OF DEATH (Month) (Day) (Year) JULY 14 1953			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 18 1901			
9. AGE (10 years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLEANING		10b. KIND OF BUSINESS OR INDUSTRY GREYHOUND BUS		11. BIRTHPLACE (City and State or Foreign Country) KENTUCKY			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME FELIX COPELAND		13b. MOTHER'S MAIDEN NAME DORA SMITH		14. NAME OF HUSBAND OR WIFE RICHARD WEAVER			
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. 256-05-0449		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RICHARD WEAVER 4300 McPHERSON					
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				INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis				ANTECEDENT CAUSES				DUE TO (b) Rheumatic Heart Disease year	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Diets year					
II. 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4201					
22. I hereby certify that I attended the deceased from 9-3-1953 , to 7-14-1953 , that I last saw the deceased alive on 7-14-1953 and that death occurred at 12:50 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Geo. A. Leib M.D.				23b. ADDRESS 2323 Lafayette St. Louis		23c. DATE SIGNED 7-15-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JULY 16 1953		24c. NAME OF CEMETERY OR CREMATORY WOODLAND CEM.		24d. LOCATION (City, town, or county) (State) WOODRIVER Mo. Ill			
DATE REC'D BY LOCAL REG. JUL 15 1953		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Luttrell 2906 Travis					

(Licensed Embalmer's Statement on Reverse Side)

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 *Thomas C. Kelly* _____

Licensed Embalmer No. *4347* _____

P. O. Address *2906 Travis* _____

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.