

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **34272**
 Registrar's No. **8536**

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2019	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 8 days	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital		e. STREET ADDRESS (If rural, give location) 404 E. Marceau	
3. NAME OF DECEASED (Type or Print) a. (First) SPARLIN b. (Middle) M. c. (Last) WEATHERS			4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1953
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 24, 1893
9. AGE (in years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (City and State or Foreign Country) Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Weathers	13b. MOTHER'S MAIDEN NAME Lizzie Moody
14. NAME OF HUSBAND OR WIFE Carrie Collins Weathers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 497-01-9611
17. INFORMANT'S SIGNATURE OR NAME Carrie Weathers		18. ADDRESS 404 E. Marceau St. Louis, Mo	
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) Carcinoma of Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) same DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input 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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163x	
22. I hereby certify that I attended the deceased from July 1, 1953 to Aug 31, 1953 , that I last saw the deceased alive on Aug 31, 1953 and that death occurred at 10 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John G. Kelleto		23b. ADDRESS 7602 S. Bway	
23c. DATE SIGNED 9/1/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Sept. 3, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
24d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Road		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.	
26. DATE REC'D BY LOCAL REG. SEP 2 1953		27. REGISTER'S SIGNATURE Carl Smith MO	
28. ADDRESS 7814 So. Broadway St. Louis Mo.		(Licensed Embalmer's Statement on Reverse Side)	

6010
of

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.....
Signature of Student Embalmer

Signed..... *Harry J. Shuman*

Licensed Embalmer No. *2679*

P. O. Address *7874 S. Blvd.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.