

FILED OCT 2 - 1953
XC620408THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34703**

REG #113210

BIRTH NO.

REG. DIST. NO. **317**PRIMARY REG. DIST. NO. **500**Registrar's No. **2544**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY [REDACTED]	
b. CITY (If outside corporate limits, write RURAL and give town or township) JEFFERSON BARRACKS		c. LENGTH OF STAY (if this place) 1 DAY	c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		e. STREET ADDRESS (If rural, give location) 2607 LUCAS	
3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) c. (Last) WEAVER		4. DATE OF DEATH (Month) (Day) (Year) 8-31-53	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-15-88
9. AGE (In years last birthday) 65		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) HAMPTON, ARKANSAS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME SILAS WEAVER		13b. MOTHER'S MAIDEN NAME CAROLINE GRAHAM	14. NAME OF HUSBAND OR WIFE ARCHLEA WEAVER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS., 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RUPTURED ULCER WITH HEMORRHAGE INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Thrombosis of Mesenteric Artery DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5702	
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) (Minute) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-31-53 , 19 53 , to 8-31-53 , 19 53 , that I last saw the deceased XXXXXXXXXXXXXXXXXXXX , and that death occurred at 11:30P. m. , from the causes and on the date stated above.			
23a. SIGNATURE RICHARD R. COHLE (Degree or title) MD		23b. ADDRESS VAH JEFFERSON BARRACKS, MO.	
23c. DATE SIGNED 9-1-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-5-53	
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.	
DATE REC'D BY LOCAL REG. 9/2/53		REGISTRAR'S SIGNATURE Herbert B. Smith, MO.	
25. FUNERAL DIRECTOR'S SIGNATURE DeMent & Son		ADDRESS 2629-31 Cole Street	

(Licensed Embalmer's Statement on Reverse Side)

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

10/22/53

eb

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 *H. Claude Gordon*.....

Licensed Embalmer No. *346*

P. O. Address *4575th*

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.