

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41573**

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **2447** Registrar's No. **2793**

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY OR TOWN Richmond Heights		c. CITY OR TOWN St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 1312 Chouteau	

3. NAME OF DECEASED (Type or Print) a. (First) HOMER b. (Middle) W. c. (Last) WEATHERS	4. DATE OF DEATH (Month) (Day) (Year) October 27, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 4, 1906	9. AGE (In years last birthday) 47	# UNDER 1 YEAR Months _____ Days _____	# UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator	10b. KIND OF BUSINESS OR INDUSTRY American Car Foundry	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Weathers	13b. MOTHER'S MAIDEN NAME Julian Kilpatrick	14. NAME OF HUSBAND OR WIFE Mabel
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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. 348-05-4871	17. INFORMANT'S SIGNATURE OR NAME Mabel Weathers , ADDRESS 1312 Chouteau, St. Louis, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of The Testicle		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Metastases		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION June 1953	19b. MAJOR FINDINGS OF OPERATION Cancer of Testicle	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **8-4, 1953** to **10-27, 1953** that I last saw the deceased alive on **10-27, 1953**, and that death occurred at **11:27 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul Unyashy (Degree or title) _____	23b. ADDRESS 508 N Grand	23c. DATE SIGNED 10-29-53
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24a. BURIAL, CREMATION REMOVAL (Specify) _____	24b. DATE 10-30-1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois
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DATE REC'D BY LOCAL REG. 10/29/53	REGISTRAR'S SIGNATURE Herbert B. ...	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin's , ADDRESS 2301 Lafayette, St. Louis, Mo.
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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.....
Signature of Student Embalmer

Signed.....

H. G. Farris

Licensed Embalmer No.....

3384

P. O. Address.....

2301 Lafayette

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.