

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43830**  
Registrar's No. **11480**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>43830</b>		Registrar's No. <b>11480</b>		
1. PLACE OF DEATH a. COUNTY <b>ST. Louis Mo</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY OR TOWN <b>St. Louis</b>		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 <b>Homer G. Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>4403 St. Ferdinand</b> <span style="float: right;"><b>2119</b></span>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jenny</b>			b. (Middle) _____		c. (Last) <b>Weeks</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12 13 54</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>10. JUNE 1899</b>		9. AGE (In years last birthday) <b>55</b>	F UNDER 1 YEAR Months	F UNDER 2 HRS. Days	F UNDER 4 HRS. Hours	F UNDER 8 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis</b>			12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>		
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Deaf</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Ruith Morton 3003 Montgo</b> <i>Moany</i>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Possible Gastro-Intestinal Malignancy</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____						
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>						
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>159X</b>						
22. I hereby certify that I attended the deceased from <b>11-29</b> , <b>1954</b> , to <b>12-13</b> , <b>1954</b> , that I last saw the deceased alive on <b>12-13</b> , <b>1954</b> , and that death occurred at <b>5:00P</b> m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>Edw. B. Williams, M.D.</b>				23b. ADDRESS <b>2601 N. Whittier</b>			23c. DATE SIGNED <b>12-14-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/18/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>					
DATE REC'D BY LOCAL REG. <b>DEC 17 1954</b>		REG. STRAR'S SIGNATURE <b>Herman J. Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herman J. Smith 4247/w Labadie</b>					

WRITE PLAINLY—USING UNFAADING 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 *W. Claude Garlan*

Licensed Embalmer No. *348*

P. O. Address *4575 al*

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.