

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26675**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6301</b>	
1. PLACE OF DEATH a. COUNTY <b>ST</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>V</b>			
b. CITY OR TOWN <b>ST. KDUIS</b>		c. LENGTH OF STAY (in this place) <b>3 mos</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>25 City Hospital Starkoff Memorial</b>				e. STREET ADDRESS (If rural, give location) <b>2377 1625 B Menard</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>REDA</b> b. (Middle) <b>IUA</b> c. (Last) <b>WEAKLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 5 1957</b>				
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>		8. DATE OF BIRTH <b>March 4, 1914</b>	
9. AGE (In years last birthday) <b>43</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHIPPING CLERK</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>John Edgar COONCE</b>			13b. MOTHER'S MAIDEN NAME <b>Nellie Beatrice CRAWFORD</b>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Paul B Gordon</b> ADDRESS <b>1625 Menard St. Louis, MO</b>			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>RHEUMATIC HEART DISEASE</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>4/6x</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>CEREBRAL HEMORRHAGE 1 DAY</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>	
19a. DATE OF OPERATION <b>6-24-57</b>		19b. MAJOR FINDINGS OF OPERATION <b>EXPLORATORY LAPAROTOMY - NEGATIVE</b>				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?			
22. I hereby certify that I attended the deceased from <b>MAY 30, 1957</b> , to <b>JULY 5, 1957</b> that I last saw the deceased alive on <b>JULY 5, 1957</b> , and that death occurred at <b>5:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Daniel I. Gullally</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1515 Lafayette Ave. St. Louis</b>		23c. DATE SIGNED <b>7-5-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>7/6/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Palmer</b>		24d. LOCATION (City, town, or county) (State) <b>Columbia, Illinois</b>	
DATE REC'D BY LOCAL REG. <b>JUL 8 '57</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Harold D. Washner</b>		ADDRESS <b>Dupo, Illinois</b>	

(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.....  
Signature of Student Embalmer

Signed..... *Paul M. Dack*

Licensed Embalmer No..... 4621

P. O. Address..... Dupon, Illinois

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.