

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30149

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No. 1003

Registrar's No.

7052

| | | | | | |
|---|------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. | | b. COUNTY <i>St. Louis</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Wellston | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>09 DePaul Hospital</i> | | Length of stay in lb 5-days | | d. STREET ADDRESS (If outside, give location) 27 6217 Ridge Ave. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Anna Weakley | | | 4. DATE OF DEATH Month Day Year July 27, 1957 | | |
| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 23, 1879 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months 3 Days 4 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Cincinnati, Ohio | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME Unk. Brennan | | 13b. MOTHER'S MAIDEN NAME Mary Unknown | | 14. NAME OF HUSBAND OR WIFE Mr. John F. Weakley | |
| 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. none | 17. INFORMANT Address Miss Marjorie Weakley, 6217 Ridge Ave. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i> DUE TO (b) <i>Arterio-sclerosis cardiovascularis Renalis ?</i> DUE TO (c) <i>H42XF</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>Heart Prostration</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 d |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>11/29/56</u> to <u>7/27/57</u> and last saw her alive on <u>7/27/57</u> Death occurred at <u>1:45 pm.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>U. Cecelia Reichert M.D.</i> | | 22b. ADDRESS <i>539 N. Grand Blvd (3)</i> | | 22c. DATE SIGNED <i>7/29/57</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE July 30, 1957 | | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | |
| | | 23d. LOCATION (City, town, or county) St. Louis, Missouri | | (State) | |
| 24. FUNERAL DIRECTOR <i>Arthur J. Connelly</i> | | ADDRESS 3840 Lindell Blvd. | | 25. DATE RECD. BY LOCAL REG. <i>III-29-57</i> | |
| | | | | 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

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 me..... Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Wm S. Saffer.....

Licensed Embalmer No. 4699.....

P. O. Address 3840 Linn.....

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.