

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-027327**

**FILED VS AUG 3 1959**

**2 6826**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> Length of stay in 1b <u>11/22/58 to 7/21/59</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <del>St. Louis</del> <u>Crestwood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>8897 Glen Rose</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Harriet</u> Middle <u>Bell</u> Last <u>Weathers</u>		<b>4. DATE OF DEATH</b> Month <u>July</u> Day <u>21</u> Year <u>1959</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>11/26/1875</u>
<b>9. AGE</b> (last birthday) <u>83</u>		<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Gillespie, Illinois</u>
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>Isaac Bell</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Buchanan</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Harrison B. Weathers</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT</b> Address <u>Masonic Home of Mo. 5351 Delmar</u>

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>420.1</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> <u>St. Louis</u>	<b>COUNTY</b> <u>Mo.</u> <b>STATE</b> <u>Mo.</u>

21. I attended the deceased from 11/22/58 to 7/21/59 and last saw her alive on 7/20/59  
 Death occurred at 7/21/59 12 Noon on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Harold E. Walters M.D.</u>		<b>22b. ADDRESS</b> <u>3720 Washington St. Louis Mo.</u>		<b>22c. DATE SIGNED</b> <u>7-22-59</u>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <del>Removal</del> <u>Removal</u>	<b>23b. DATE</b> <u>7-23-59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Local Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Gillespie, Illinois</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Albert H. Hoppe, Inc. 4700 Washington</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>JUL 22 1959</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Loan Smith, M.D.</u> <u>MJB</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. W. Brink

Licensed Embalmer No. 365

P. O. Address At Large

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.