

DEC 3 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis, Mo.**(No. **St. Mary's Infirmary**)File No. **43082**Registered No. **11657**

St. Ward)

2. FULL NAME **Dr. William Weston**(a) Residence, No. **2613 Lawton**St., **21** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF**Alice Weston**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 1, 1875

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, hrs.

or min.

61**56****23**

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**Physician**9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Hopkinsville,
Kentucky**

FATHER

13. NAME (Unknown) **Weston**

MOTHER

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Unknown**

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Unknown**

17. INFORMANT

Mrs Clara Fonney

(ADDRESS)

2613 Lawton Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Paducah, Ky.**DATE **November 26, 1936**

19. UNDERTAKER

Albert H. Hoppe Inc.,

(ADDRESS)

429 N. Euclid Avenue

20. FILED

NOV 24 1936**J. F. Bredeek**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 24, 1936**22. I HEREBY CERTIFY, That I attended deceased from
November 5, 1936 to November 24, 1936I last saw him alive on **Nov. 24, 1936** Death is saidto have occurred on the date stated above, at **10:55 A.M.**

The principal cause of death and related causes of importance were as follows:

(Date of onset)

Myocardial Degeneration

Other contributory causes of importance:

**Rheumatic Heart Disease
Auricular Fibrillation**

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify.....

(Signed).....

(Address).....

W. B. Foster
St. Mary's Infirmary, M. D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 9 1946