

DEPT. NOV 15 1938

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

34369  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. 791  
 (b) Township ..... 1 Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 5019 Murdock Ave.  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sherman E. Weybright

(a) Residence, No. 5019 Murdock Ave. St. 14 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie G. Weybright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 8 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Division Clerk  
 9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Pac. R.R.  
 10. Date deceased last worked at this occupation (month and year) 3-4-38 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Whitley Indiana

FATHER 13. NAME Martin Weybright

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

MOTHER 15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hattie G. Weybright (ADDRESS) 5019 Murdock Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE 10-29, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuary 4228 So. Kingshighway

20. FILE OCT 28 1938 J. J. Predeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 38 1938, to 10-27 1938  
 I last saw him alive on 10-27 1938 Death is said to have occurred on the date stated above, at 2:50 m. P. M.

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

Chronic Myocarditis  
Chronic Nephritis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Generalized Arterial Sclerosis  
Hypertrophied Prostate

Name of operation Prostatectomy Date of 1-21-38  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Royal A. Dewar M. D.  
 (Address) \_\_\_\_\_

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.

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Edwin A. M. Bennett*

Licensed Embalmer No.....

3024

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**