

MAR 13 1939

APR 7 1939

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

12254

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township _____ Primary Registration District No. 200
(c) City Kinlock (d) Street No. 57 Monroe St. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Frances Weaver

(a) Residence, No. 57 Monroe St. St. _____ (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 <u>Female</u> | 4. COLOR OR RACE <u>Negro</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Weaver</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 14, 1855</u> | | |
| 7. AGE | YEARS <u>83</u> | MONTHS <u>4</u> |
| | DAYS <u>26</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Nil</u> | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. _____ | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | |
| | 11. Total time (years) spent in this occupation _____ | |

| | |
|---|--|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u> |
| | 13. NAME <u>Elijah Foggy</u> |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u> |
| | 15. MAIDEN NAME <u>Hannah Taylor</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> |
| 17. INFORMANT <u>Winnie Stewart</u> (ADDRESS) <u>Kinlock, Mo.</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood Cem.</u> DATE <u>Mar. 15 1939</u> | |
| 19. FUNERAL DIRECTOR (NAME) <u>Russell Undt. Co.</u> (ADDRESS) <u>2732 Pine Street</u> | |
| 20. FILED <u>MAR 13 1939</u> <u>Local Registrar.</u> | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-1939
22. I HEREBY CERTIFY, That I attended deceased from 5-24- 1934 to 3-12- 1939
I last saw h. alive on 3-12- 1939 Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:

Apoplexy (Cerebral Haemorrhage) & Paralysis on 1st
Date of onset 1934
Other contributory causes of importance:
Chronic Nephritis 1928
Arteriosclerosis 1920

Name of operation _____ Date of _____
What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L Date of injury L, 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 L
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Ray Johnson, M. D.
(Address) Ferguson Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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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 Joel Russell
Licensed Embalmer No. 2115

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.