

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

13385  
Do not use this space.

1. PLACE OF DEATH **10 1939**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1008** Registered No. **3727**  
 (c) City **St. Louis, Mo.** or (d) Street No. **City Infirmary** 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 **14** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John Weaver**

(a) Residence, No. **5800 Arsenal St.** St. **13** (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 **Mattie Upton.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 16, 1860.**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hra. or .....min.
<b>78</b>	<b>X</b>	<b>8 10</b>	<b>5</b>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **No Occupation**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri.**

FATHER

13. NAME **John Bernard Weaver,**

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

MOTHER

15. MAIDEN NAME **Margaret Chamberlain**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

17. INFORMANT (ADDRESS) **E. Molony, 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bolivar MO** DATE **Apr 23 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Alexander Ed Lovv 6175 Delmonico Blvd**

20. FILED **22 1939** **J. F. Bredeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 21, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **April 21, 1939, to April 21, 1939.**  
 I last saw him alive on **April 21, 1939** Death is said to have occurred on the date stated above, at **3:20 P.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Broncho pneumonia**  
**Myocarditis, chronic**  
**93C**  
 Other contributory causes of importance:  
**Hydro nephrosis, no stones**

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **yes**

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) **W. Maxwell** M. D.  
 (Address) **5600 Arsenal St.**

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.

1 X16605

**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.....

*Jos. E. McCulloch*  
.....  
working under my personal supervision.

Registered Apprentice No.....

Signed: *Jos. E. McCulloch*  
.....

Licensed Embalmer No. *2460*  
.....

P. O. Address *6175 Delmar*  
.....

**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.**