

REGISTRATION DISTRICT NO. 791

1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Homer Phillips Hospital
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer G Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Willie Weaver 160

8. (b) If veteran, name war World War 8. (c) Social Security No. None

4. Sex MALE 5. Color or race Col. 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6 15 1896
 (Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace MISS.
 (City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business N-P.A.

12. Name Willie Weaver

13. Birthplace MISS.
 (City, town, or county) (State or foreign country)

14. Maiden name JANNIE GRAY

15. Birthplace MISS.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mack Weaver

(b) Address 2343 Mack St

17. (a) Burial (b) Date thereof 9-13-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem

18. (a) Signature of funeral director Metropolitan Funeral

(b) Address 3028 Dickson St

19. (a) SEP 17 1939 (b) J. B. Brudick
 (Date received) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST. LOUIS [24]
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2938 Delmar Blvd
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8th
 year 1939 hour 7:25 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage following stab wound of chest, inflicted with knife in the hands of one, Lem Johnson, Col
 Due to at 2938 Delmar Blvd., about 3:30 P.M. September 8th, 1939

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: W
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Homicide
 (b) Date of occurrence September 8th, 1939
 (c) Where did injury occur? St. Louis, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home

While at work No (Specify type of place) (e) Means of injury Knife

23. Signature Joseph M. Zuman (M. D. or other)
 Address Deputy Coroner Date signed _____

WHILE FLAINLY-USE UNFADING BLACK INK-MAKE 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.

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 Arthur K. Heelhard

Licensed Embalmer No. 3389

P. O. Address 3028 Hickson

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.