

No. 2
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APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9074

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 2484

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4258w St. Ferdinand Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thelma Wea
3. (b) If veteran, name war -- 3. (c) Social Security No. -----

4. Sex Female 5. Color or race Negro 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 July 31st. 1925
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>15</u>	<u>7</u>	<u>12</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student--grade school

11. Industry or business.....

MOTHER FATHER { 12. Name Clarence Wea
13. Birthplace Tipton Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mamie Muse
15. Birthplace Franklin County/Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Wea
(b) Address 4258w St. Ferdinand Ave.

17. (a) Burial (b) Date thereof 3-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director J. H. Bredenk
(b) Address 4107 Finney Ave.

19. (a) MAR 19 1941 (b) J. H. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4258w St. Ferdinand Ave.
(If rural, give location)
(e) Foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th.
year 1941 hour 12:30 minute 30 M.

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

Immediate cause of death Asphyxiation by suffocation
cause undetermined

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 11/14/20

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN 11/15
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).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury ?

23. Signature J. H. Bredenk (M. D. or other)
Address 1500 Park Ave. Date signed 3/19/41

STATEMENT BY LICENSED EMBALMER

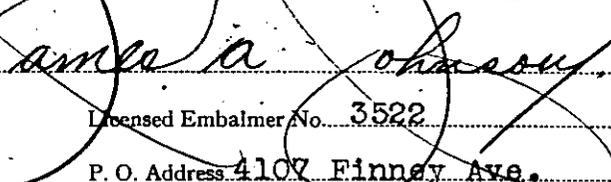
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

James A. Johnson

Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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, fact should be so stated above.