

LED JAN 24 1947 91 |  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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:  
9007 Riverview Drive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Since Birth (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9007 Riverview Drive  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MILTON H. Weaver,

3. (b) If veteran, name war World No.1 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olive D. (Dieckman) 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Mar. 18, 1894  
(Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 12  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

12. Name William Weaver

13. Birthplace Not Known  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Roberts

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

16. (a) Informant Mrs. Olive D. Weaver

(b) Address 9007 Riverview Drive

17. (a) Burial (b) Date thereof 1/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) DEC 21 1941 (b) J. F. Predeck  
(Date of record) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30  
year 1941 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from  
December 20, 1941, to December 30, 1941  
that I last saw him alive on December 30, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Sarcoma  
Due to Sarcoma left kidney

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

Major findings: Sarcoma  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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. F. Predeck (M. D. or other)  
Address 6321 out Bdry Date signed 1/1/42

Duration

1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

6  
7  
9

**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 *Leonia Hamilton*  
Licensed Embalmer No. *2967*  
P. O. Address *St. Louis, Mo.*

**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.**