

WHITE PENCIL—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.

FILED JAN 20 1942

Registration District No. 784

Primary Registration District No. 207

Registrar's No. 20

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural

(c) Name of hospital or institution: Valley Park / Route 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 10 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado (b) County 999
5

(c) City or town Woodman 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME WILLIAM G. WEASE

3. (b) If veteran, name war _____

3. (c) Social Security No. 523-01-2122

4. Sex male 5. Color or race W

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife no

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased Oct 5 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation BARTER

11. Industry or business _____

MOTHER FATHER { 12. Name James Wease

18. Birthplace unknown Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Clara Roland

15. Birthplace unknown Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Cameron

(b) Address Valley Park, Mo R1

17. (a) Burial (b) Date thereof Jan 5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williams Cemetery

18. (a) Signature of funeral director F. H. T. O. Y. MO.

(b) Address _____

19. (a) JAN 4 - 1942 (b) E. H. Mc. Harmon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd
year 1942 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct. 19 to Jan 3 1942
that I last saw him alive on Jan 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Valvular heart disease Duration 2 yr

Due to Chronic Inter-
stitial nephritis 1 yr

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations FOI

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) _____

(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 Dolon Cameron (M. D. or other) _____
Address 508 N. Grand St Date signed 1/4/42

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.....

Jenneth W. Koch

Licensed Embalmer No. *3047*

P. O. Address *Fenton, 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, above space should be left blank.