

S. No. 2  
M-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 985  
9961  
Registrar's No.

FILED FEB 24 1942

Registration District No. 701

Primary Registration District No.

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

1. PLACE OF DEATH:  
(a) County  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **5446 Thrush**  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County  
(c) City or town **St. Louis**  
(d) Street No. **5446 Thrush Ave**  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Teresa A. Weir**  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **15<sup>th</sup>**  
year **1941** hour **5:00** minute **A.M.**  
21. I hereby certify that I attended the deceased from **Dec. 15 1941**  
that I last saw her alive on **Dec. 13 1941**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white**  
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: **Feb. 11 1921**  
(Month) (Day) (Year)

Immediate cause of death **Pulmonary Tuberculosis 2 yrs.**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **none**  
Major findings: Of operations  
Of autopsy  
Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
**20 10 4** hr. min.

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

10. Usual occupation **Housework**

11. Industry or business

MOTHER FATHER { 12. Name **Dominic Weir**  
13. Birthplace **England**  
14. Maiden name **Mary Hannan**  
15. Birthplace **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dominic Weir**  
(b) Address **5446 Thrush**

17. (a) **Burial** (b) Date thereof **Dec. 17**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Bronson & Sons, Inc.**  
(b) Address **4746 W. Florissant Ave**

19. (a) **DEC 16 1941** (b) **J. J. Brunck**  
(Date received local registrar) (Registrar's signature)

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 **R. R. Mearns** (M. D. or other) **MD**  
Address **5330 Geraldine** Date signed **12/15/41**

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**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..... *Ray W. Wilkinson*  
Licensed Embalmer No..... *35757*  
P. O. Address.....

**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.**