

FILED MAR 17 1942 791

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. ....

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: St. Louis Childrens 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 Charles William Weaver

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male ( ) 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 Aug 20 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 5 hr. min.

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

10. Usual occupation nil

11. Industry or business

MOTHER FATHER { 12. Name Floyd Weaver  
13. Birthplace Thomasville MO ( )  
(City, town, or county) (State or foreign country)  
14. Maiden name Beulah Head  
15. Birthplace Caruthersville MO ( )  
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah Weaver  
(b) Address 8900 Argyle Overland MO

17. (a) burial (b) Date thereof 2-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation See Cemetery

18. (a) Signature of funeral director Samuel Brothers Inc  
(b) Address 2504 Woodson Overland MO

19. (a) Feb 27 1942 (b) J. F. Bredecks  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Overland NR13  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8900 Argyle  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25  
year 3 hour 15 minute P. M.

21. I hereby certify that I attended the deceased from Feb 20, 1942, to Feb 25, 1942,  
that I last saw him/her alive on Feb 25, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration

Due to tuberculous meningitis

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) .....  
(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) (c) Means of injury

23. Signature [Signature] (M. D. or other) .....  
Address ..... Date signed .....

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

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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..... *Gustave P. Blumman*

Licensed Embalmer No. *2315*

P. O. Address..... *Overland, 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.**