

FILED APR-27 1942

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2482

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.
 (b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4322 Cook
(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

Samual B. Weir

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Black
 6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased March 16 1920
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>1</u>	<u>2</u>hr.min.

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

MOTHER FATHER

10. Usual occupation.....

11. Industry or business.....

12. Name James Weir
 13. Birthplace Miss.
(City, town, or county) (State or foreign country)
 14. Maiden name Olethia Walker
 15. Birthplace renidan Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Olethia Weir
 (b) Address 4322 Cook
 17. (a) Removal (b) Date thereof 4/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director Albert H. Hoopé
 (b) Address 4700 Washington
 19. (a) APR 18 1942 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4322 Cook
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17,
 year 1942 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from March 25, 1942 to April 17, 1942
 that I last saw him alive on April 17, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Unknown

Due to.....

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)
 (e) Means of injury 0

23. Signature J. W. Johnson (M. D. or other)
 Address 2601 N. White Date signed 4/18/42

APR 29 1947

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

Wilford L. Burnley

Licensed Embalmer No. *4202*

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.