

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town NORMANDY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
O'Sullivan Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 wks.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Reynolds 96

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

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME George Washington Weeks

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 1 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Livestock

12. Name James P. Weeks

13. Birthplace Unk Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Emily Prophet

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

16. (a) Informant Mrs John Womer

(b) Address Bismarck, Mo.

17. (a) Burial Ironton, Mo. (b) Date thereof 6/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Ave.

19. (a) JUN 9 1942 (b) C. S. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1942 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from May 27 1942 to June 7 1942 that I last saw h. l.m. alive on June 7 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration _____

Due to 9 Rheumatic Heart Condition _____

Several Arteriosclerosis _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 958

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 Car

23. Signature Dr. C. S. Salami (M. D. or other) Dr.
Address 7320 J. Lambert Rd. Date signed 6/18/42

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

MOTHER FATHER

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.....

Gus W. Dietrich....., Registered Apprentice No. *295*
working under my personal supervision.

Signed

Richard H. Burnley
Licensed Embalmer No. *42220*

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.