

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7407**

1. PLACE OF DEATH:  
(a) County **St Louis**  
(b) City or town **St Louis**  
(c) Name of hospital or institution: **McParque Hospital**  
(d) Length of stay: In hospital or institution **Aug 12 to Sept 13**  
In this community **17/18** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Kansas** (b) County **999**  
(c) City or town **Oswatimie** **14 N.R.**  
(d) Street No. **521 Walnut St - 0**  
(e) Citizen of foreign country? **NO** **2** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Alexander Lewis Weaver**  
3. (b) If veteran, name war  
3. (c) Social Security No. **702-14-9446**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept** day **3rd**  
year **1942** hour **6** minute **45 P.M.**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mammie Weaver** 6. (c) Age of husband or wife if alive **52** years  
7. Birth date of deceased **June 5 - 1882**

21. I hereby certify that I attended the deceased from **Aug 12** 1942 to **Sept 3** 1942  
that I last saw him alive on **Sept 3rd** 1942 and that death occurred on the date and hour stated above.

8. AGE: Years **60** Months **2** Days **28** If less than one day hr. min.

Immediate cause of death **Coronary occlusion**  
Due to **Chronic Myocarditis**  
Due to **Diabetes Mellitus**

9. Birthplace **Shelbyville Tenn** (City, town, or county) (State or foreign country)

10. Usual occupation **Train Caller**

11. Industry or business **Railroad - Mo Pac R.R.**

12. Name **William Weaver**

13. Birthplace **Tenn** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Riddle**

15. Birthplace **Tenn** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs A. L. Weaver**

(b) Address **Oswatimie, Kansas**

17. (a) **Removal** (b) Date thereof **8-6-1942**

(c) Place: burial or cremation **Oswatimie Kan**

18. (a) Signature of funeral director **Richard Funeral Home**

(b) Address **Oswatimie, Kansas**

19. (a) **SEP 4 1942** (Date received local registrar) **J. J. Brodeur** (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (r) Means of injury

23. Signature **Richard** (M. D. or other) **MD**

Address **1755 So. 1st** Date signed **9-4-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

DEC 6 1920

Miss Forster  
150 1st St  
St. Louis, Mo  
Alexander Lewis

DEC 1 1920

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

*Harold W. Rowland*

Licensed Embalmer No. 3114

P. O. Address

*St. Louis, 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.