No. 2
1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36038

Registration District No. 318 | Primary Registration District No. 1506 | Registrar's No. 9721

1. PLACE OF DEATH:

(a) County

(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: Infirmary St Mary Hospital 1536 Papin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 3 Days

2. USUAL RESIDENCE OF DEACEASED: 000 17

(a) State Mo (b) County

(c) City or town St Louis 219
(If outside city or town limits, write "RURAL")

(d) Street No. 2735 Lucas Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Samuel Weaver Jr

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced O

6. (b) Name of husband or wife

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

7. Birth date of deceased 11 (Month) 19 (Day) 42 (Year)

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Samuel Weaver
13. Birthplace St Louis Mo (City, town, or county) O (State or foreign country)

MOTHER
14. Maiden name Anna May Wilson
15. Birthplace St Louis Mo (City, town, or county) O (State or foreign country)

16. (a) Informant Linnie Wilson
(b) Address 2735 Lucas Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/42 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director Linkie L Toney
(b) Address 3129 Lucas Ave

19. (a) NOV 23 1942 (Date received local registrar) J T Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21 year 42 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-18-42 19 to 11-21-42 19; that I last saw him alive on 11-21 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Pyloric Stenosis

Due to

Due to

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

Major findings:
Of operations

Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. S. Davis (M. D. or other) M D

Address 1536 Papin Date signed 11-22-42

(Licensed Embalmer's Statement on Reverse Side)

No Embalming

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.

Not embalmed,

Signed.....

Licensed Embalmer No.....

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.