

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Homer G. Phillips Hosp
(If not in hospital or institution, write street number or location)

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

In this community 30 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIE WEATHERSBY

3. (b) If veteran, name war. ---

3. (c) Social Security No. None

4. Sex Female Color or race Negro

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

6. (b) Name of husband or wife Manoway Weathersby

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased December 15, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

39 6 16 -- hr. -- min.

9. Birthplace Decatur, Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER

12. Name Will Wilson

13. Birthplace Shelby, Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Saphronia Wallace

15. Birthplace Columbiana, Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Wilson

(b) Address 4028 Finney Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery, Mo

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) JUL 6 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 002

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

(d) Street No. 4125 West Belle Place
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1943 hour 5: minute 30 P.M.

21. I hereby certify that I attended the deceased from June 24,
1943 to July 1, 1943
that I last saw her alive on July 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced Pulmonary Tuberculosis Duration Unk.

Due to _____

Due to _____

Other conditions 136
(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)

(a) Means of injury _____

23. Signature Alva M. ... (M. D. optional)
Address Homer G. Phillips Hosp Date signed 7/1/43

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

STATEMENT BY LICENSED EMBALMER

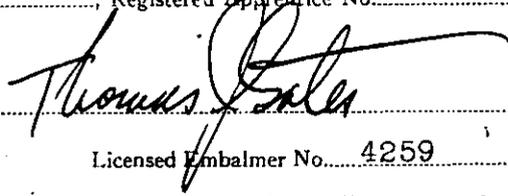
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.