

FILED JUL 3 1948

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 5791

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 8936 Halls Ferry Rd.
(d) Length of stay: In hospital or institution None
In this community Birth

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0008
(c) City or town St. Louis
(d) Street No. 8936 Halls Ferry Rd.
(e) Citizen of foreign country? No. 9 (Yes or No)

3. (a) PRINT FULL NAME Joseph H. Weaver
3. (b) If veteran, name war None
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 23
year 1948 hour 1:00 PM minute M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olinda E. Weaver nee Kroeger
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased January 4, 1883

21. I hereby certify that I attended the deceased from April 5 1948 to June 23 1948
that I last saw him alive on June 22 1948 and that death occurred on the date and hour stated above.
Immediate cause of death: Terminal pneumonia
Lebar

8. AGE: Years 60 Months 5 Days 19
9. Birthplace St. Louis Mo. 0

Due to Encephalomalacia
Duration 3 days
4 months

10. Usual occupation Assembler
11. Industry or business Landis Machine Co.
12. Name Henry Weaver
13. Birthplace Unknown
14. Maiden name Anna Kroeger
15. Birthplace Unknown

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 108
Of autopsy None
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Olinda E. Weaver
(b) Address 8936 Halls Ferry Rd.
17. (a) Burial (b) Date thereof 6/26/48
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) JUN 25 1948 (b) Registrar's signature J. F. Breda

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work Robert in Bed
Signature (M. D. or other)
Address 3720 Washington Date signed 6-24-48

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.....

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

working under my personal supervision.

Signed..... *Francis A. Williamson*

Licensed Embalmer No. *3565*

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.