No. 2
—2-43
5-17-39
1 x 3 3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35862

FILED NOV 6 1943

Registration District No. 3317 Primary Registration District No. 6076 Registrar's No. 2416

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Elms Nursing Home 4
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

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

(d) Street No. 6753 West Park
(If rural, give location)

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

3. (a) PRINT FULL NAME Rose Ella Weymouth

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

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Francis Weymouth

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

7. Birth date of deceased April 25, 1866 (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Shepardville (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name Daniel Hittinger

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

MOTHER

14. Maiden name Mary Ann Smith

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

16. (a) Informant Mrs. George Horn

(b) Address 4218 Dewey

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) OCT 30 1943 (Date received local registrar) (b) E. G. McGavran, M. D. (Registrar's signature) 2-d.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1943 hour 4.45 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from 8-13, 1943 to 10-28, 1943
that I last saw him alive on 10-28, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	½ hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertension	?

Major findings:
Of operations .....
Of autopsy §3601

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 .....

23. Signature Eugene L. Arnold (M. D. or other) M.D.
Address 1449 McGavran Date signed 10/29/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....1284

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.