. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
0 DEC 22 1943

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40[illegible]

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10829

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 110

(a) State Missouri (b) County Washington
(c) City or town Hopewell 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0 NR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 41 years

3. (a) PRINT FULL NAME Marie A. Weaver
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 2 (Day) 1880 (Year)

8. AGE: Years 63 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Czechoslovakia 6
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Thomas Barta
13. Birthplace Czechoslovikia 6
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rosalie Vily
15. Birthplace CZECHO Slovakia 6
(City, town, or county) (State or foreign country)
16. (a) Informant C. H. Boyer
(b) Address Potosi, Missouri
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,
19. (a) DEC 8 1943 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6
year 43 hour 4 30 minute M.
21. I hereby certify that I attended the deceased from 11-26-1943 12-6-1943;
that I last saw h 3 alive on 12-6-43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis; chr — Duration
Due to Sclerosis General
Due to Auricular Fibrillation
Other conditions
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature R K Andrews (M. D. or other) 12/7
Address 4932 Mary Lane Date signed 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 John J. Agonoski

Licensed Embalmer No. 3398

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.