

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9575
Do not use this space.

FILED APR 13 1944

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City ST. LOUIS

Registration District No. 318
Primary Registration District No. 1003

Registered No. 3091

(d) Street No. Q. No. BAPTIST HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. 3 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MYRTLE ELIZABETH WEAVER

(a) Residence, No. St. ARKANSAS
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HERSCHEL WEAVER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 28 - 1909

7. AGE YEARS 34 MONTHS 6 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SEAMSTRESS
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALABAMA

FATHER 13. NAME WILLIS SUTTON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALABAMA

MOTHER 15. MAIDEN NAME MAGGIE WATTS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSISSIPPI

17. INFORMANT (ADDRESS) Hershel Weaver
1652 So. Tulsa Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Removal DATE 4-2-1944

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Emerson Funeral Home
Paragould Arkansas

20. FILED APR 2 1944
J. Medeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 1 1944

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1943, to 4-1, 1944

I last saw her alive on 4-1, 1944. Death is said to have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid
General metastasis
reaction of colon
coloboma

Other contributory causes of importance:
Name of operation coloboma Date of 3-14-44
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) W. R. Gunn, M. D.

(Address) 2227 S. Broadway

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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 Hetter*

Licensed Embalmer No. *3880*

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, above space should be left blank.