

Registration District No. **318**
FILED JUN 9 1944

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution April 4, 1944
May 29, 1944. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 901 North 16th Street.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Pete Weakley

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased March, 1945 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 2 14 hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business.....

12. Name Amos Weakley

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

14. Maiden name Lora Goren

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

16. (a) Informant Edith V. Minor

(b) Address 5600 Arsenal Street

17. (a) Removal (b) Date thereof 6-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock Ark

18. (a) Signature of funeral director Amelia Jackson

(b) Address 2649 Delmar Blvd

19. (a) JUN 1 1944 (Date received local registrar) J. F. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 29, year 1944, hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from April 4, 1944, 19... to May 29, 1944, 19... that I last saw him alive on May 29, 1944, 19... and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration

Due to.....

Due to..... 13

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy none

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 0

23. Signature J. F. Bullock (M. D. or other)

Address 5600 Arsenal St Date signed 5-30-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DEC 17 1952

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 *Amelia A. August*

Licensed Embalmer No. *3522*

P. O. Address *3506 Franklin*

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.