

No. 2
2-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35708

FILED OCT 16 1946
318

1003

State File No.
Registrar's No. 8514

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St Marys Inf.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether)

In this community 7 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison

(c) City or town Venice 243
(If outside city or town limits, write "RURAL")

(d) Street No. 1012 Calhoun St.
(If rural, give location)

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

3. (a) PRINT FULL NAME DOLLIE M. WESTON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race negro

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

6. (b) Name of husband or wife Thomas Weston

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased 2 Feb 22 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

38 7 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business at Home

MOTHER FATHER

12. Name Ernest Straughter

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

14. Maiden name Annie Jenkins

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

16. (a) Informant Thos. Weston

(b) Address 1012 Calhoun St. Venice Ill.

17. (a) Removal (b) Date thereof Oct. 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis Ill.

18. (a) Signature of funeral director J. Marshall

(b) Address 2205 Maple East St Louis Ill.

19. (a) OCT 3 1946 J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1946 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept 25 1946
Sept 25 1946 to Oct 2 1946
that I last saw her alive on Oct 2 1946
and that death occurred on the 2 day and hour stated above.

Immediate cause of death Motor Pneumonia Duration 4 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Edema of uterus
Of operations Soft tissue Hysterectomy
Of autopsy no

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) Means of injury _____

23. Signature D. Earle Williams (M. D. or other) 1946

Address Lovoy Ill. Date signed 10/3

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Ben. N. Baldwin
Licensed Embalmer No. 2420
P. O. Address East St Louis

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.