

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39409

Registrar's No. 9693

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9693			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) _____					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 11 4533 ST. FERDINAND					
3. NAME OF DECEASED (Type or Print) LENA WEAVER			a. (First) LENA			c. (Last) WEAVER			
4. DATE OF DEATH NOV 7 1949			(Month) (Day) (Year)			NOV 7 1949			
5. SEX Female		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, Widowed, Divorced, Separated (Specify) _____		8. DATE OF BIRTH April 18 1892		9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Memphis Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Joseph W. Weaver			13b. MOTHER'S MAIDEN NAME Ella Morai Martin			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Anoxia (Shock) Dist. Part Thrombosis (b) Burns of neck-face-arms-chest-abdomen-thighs and legs Antecedent causes Suffered a heavy load of matches ignited in her hands while she was attempting to light cigarettes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) seeing her to drop same and injure her clothing DUE TO (c) bed clothing in her room II. OTHER SIGNIFICANT CONDITIONS in the basement at 4533 St. Ferdinand Conditions contributing to the death but not related to the disease or condition causing death. Car on top 6th 1949 - abt about 9:30 pm						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-6-49-9:30 m.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? see above				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.			
23a. SIGNATURE Joseph W. Weaver Deputy Registrar			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 11/10/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 12 49		24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo. Mo.			
DATE REC'D BY LOCAL REGISTRAR NOV 10 1949		REGISTRAR'S SIGNATURE J. B. Lacater		FUNERAL DIRECTOR'S SIGNATURE J. J. Hanson		ADDRESS 2769 Chouteau			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

S. J. Watson

Signed _____

Student Embalmer

Licensed Embalmer No. 2698

P. O. Address 2769 Charlotte

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.