

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25465

State File No. ....

FILED JUL 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6156**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis, Missouri</b>	c. LENGTH OF STAY (In this place) <b>1 YR.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> <b>2169</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>4140 HUMPHREY</b>	

3. NAME OF DECEASED (Type or Print) <b>HENRY</b>	a. (First)	b. (Middle)	c. (Last) <b>WEAVER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 10 1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JAN. 7 1873</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>78 YRS.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	10b. KIND OF BUSINESS OR Vocation <b>REAL ESTATE BROKER FUNERAL DIRECTOR</b>	11. BIRTHPLACE (State or foreign country) <b>NEW MEMPHIS, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HENRY WEAVER</b>	13b. MOTHER'S MAIDEN NAME <b>FRIEDERICKA RHEINHARDT</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elsie H. Adkins Belleville, Ill.</b>	ADDRESS
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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) <b>Cerebral Vascular Accident</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>381 X</b>
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22. I hereby certify that I attended the deceased from **7-8-51**, 19\_\_\_, to **7-10-51**, 19\_\_\_, that I last saw the deceased alive on **7-10-51**, 19\_\_\_, and that death occurred at **2:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. J. Kutryk M.D.</b>	23b. ADDRESS <b>1515 Lafayette Avenue</b>	23c. DATE SIGNED <b>7-10-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>JULY 10, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WALNUT HILL</b>	24d. LOCATION (City, town, or county) (State) <b>BELLEVILLE ILLINOIS</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUL 12 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Casper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. Renner Belleville, Ill.</b>	ADDRESS
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WRITE PLAINLY—USING 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.....

*was not Embalmed*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Geo. Bennett*

Licensed Embalmer No. *2314*

P. O. Address *Blairville, Illinois*

"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.