

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31937**
Registrar's No. **8293**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8293	
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 town) St. Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo.		2199	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 3910 Westminster			
3. NAME OF DECEASED (Type or Print) a. (First) RUBY		b. (Middle) Carr		c. (Last) WEAVER		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 18 1951	
5. SEX Female		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH August 31 1890	
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales lady		10b. KIND OF BUSINESS OR INDUSTRY cosmetics		11. BIRTHPLACE (State or foreign country) Reivere Tenn	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Frank Weaver		13b. MOTHER'S MAIDEN NAME Ella Esley		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 212-07-4042		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arterio-sclerosis 10 yrs DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. HOW DID INJURY OCCUR? H200	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 7-22-51 , 19____, to 9-18-51 , 19____, that I last saw the deceased alive on 9-18-51 , 19____, and that death occurred at 7:58A m., from the causes and on the date stated above.			
23a. SIGNATURE Chas. E. Smith M.D. (Degree or title)		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 9-18-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/21/1951		24c. NAME OF CEMETERY OR CREMATORY Cregger Cemetery		24d. LOCATION (City, town, or county) (State) ADAMS FORT TENN.	
25. FUNERAL DIRECTOR'S SIGNATURE J. Call Smith MD ADDRESS 4356 Lindell		26. _____					

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Etienne R. Renuccio

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

31937

State of _____ }
County of _____ } ss.

State File No. _____
Local Registrar's No. 8293

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 19____, before me appears _____

_____, who, upon _____ oath, states that the original record of birth death
for **Ruby C. Weaver** died ~~1954~~ **9-12-51** 19____, in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. **2** should read **Ruby C. Weaver**

Instead of _____ **Ruby Carr Weaver**

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

L. D. B. [Signature] Fun. Dir
Relationship.

4356 Lindell

Present Address.

Subscribed and sworn to before me this **26** day of **Sept.**, 19**51**

My Commission expires **3-4-53** *[Signature]* Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.