

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3405

State File No.
Registrar's No. **0188**

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY 0 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G Phillips Hospital | | e. STREET ADDRESS (If rural, give location) 3880 a Windsor | |

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|--|-------------------------------|---|--|--|-----------------------------|------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Lois b. (Middle) c. (Last) Weaver | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 7 1954 | | | |
| 5. SEX F | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 1, 1919 | 9. AGE (In years last birthday) 34 | IF UNDER 1 YEAR Months Days | IF UNDER 24 Hrs. Hours Min. |
| 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 (City and State or Foreign Country) Tebbetts, Missouri | | 12. CITIZEN OF WHAT COUNTRY? |

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| 13a. FATHER'S NAME Louis Brooks | 13b. MOTHER'S MAIDEN NAME Getrude Cave | 14. NAME OF HUSBAND OR WIFE Muriel Weaver |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Muriel Weaver, 3880a Windsor |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Undet. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Eclampsia | | |
| | ANTECEDENT CAUSES Morbid 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 642.3 |

22. I hereby certify that I attended the deceased from **12-3**, 19**53**, to **1-7**, 19**54**, that I last saw the deceased alive on **1-7**, 19**54**, and that death occurred at **11:15a.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Arnold P. Johnson, M. D. | 23b. ADDRESS 2601 N Whittier St | 23c. DATE SIGNED 1-8-54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Jan. 11, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park |
| 24d. LOCATION (City, town, or county) (State) St. Louis Missouri | | |

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| DATE REC'D BY LOCAL REG. JAN 8 1954 | REGISTRAR'S SIGNATURE J. C. Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. E. Koosce - 122 1 N. Grand |
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Gupton Swain*

Licensed Embalmer No. *458*

P. O. Address *2217 Y...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.