

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17100

State File No. ....

BIRTH NO. 33121-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4175

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis 4th</u>	
		d. STREET ADDRESS (If rural, give location) <u>128 Crandon Drive</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Weakley</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 27 1955</u>
9. AGE (In years - last birthday)	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		<u>St. Louis Missouri</u>	<u>U.S.</u>
13a. FATHER'S NAME <u>Edward Dameron Weakley</u>	13b. MOTHER'S MAIDEN NAME <u>Marjorie Anne Pruett</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward &amp; Marjorie Weakley Above</u>	
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) <u>Congenital heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple congenital anomalies</u> 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	
19c. 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>754.6</u>	
22. I hereby certify that I attended the deceased from <u>April 27</u> , 19 <u>55</u> , to <u>April 29</u> , 19 <u>55</u> ; that I last saw the deceased alive on <u>April 29</u> , 19 <u>55</u> , and that death occurred at <u>2:55 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Byron H. Rowland</u> (Degree or title)		23b. ADDRESS <u>M.D. 101 S. Keramee, Clayton Mo. 5-6-55</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Bldg</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>MAY 11 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith Mo. Rowland - Above 4/10/55</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>4104</u>	

**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 .....

Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.