

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3260**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 37		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ladue		c. LENGTH OF STAY (In this place) 29 years		a. STATE Missouri b. COUNTY St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION residence-9 Ridgewood Road				c. CITY OR TOWN Ladue 44310 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
e. STREET ADDRESS 9 Ridgewood Road				3. NAME OF DECEASED (Type or Print)				
a. (First) HUGH		b. (Middle) HOUSTON CRAIGIE		c. (Last) WEED		4. DATE OF DEATH (Month) (Day) (Year) 1 - 5 - 57		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married (Specify)		8. DATE OF BIRTH Oct. 17, 1883		
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired President			10b. KIND OF BUSINESS OR INDUSTRY Carter Carbtorator Corp, Stanford, Connecticut			11. BIRTHPLACE (City and State or Foreign Country) Stanford, Connecticut		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Hezekiah Weed		13b. MOTHER'S MAIDEN NAME Ella Craigie		14. NAME OF HUSBAND OR WIFE Faith P. Weed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 493-07-9250		17. INFORMANT'S SIGNATURE OR NAME Faith P. Weed, 9 Ridgewood Road				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		DUE TO (b) Cerebral arteriosclerosis					2 weeks	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____					2 years	
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? 2	
YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan. 1954 , to Jan 5, 1957 , that I last saw the deceased alive on Jan. 4, 1957 , and that death occurred at 5 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Herb B. Day M.D. (Degree or title)				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 1-5-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-7-57		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. 1-7-57		REGISTRAR'S SIGNATURE Herbert B. Donlehy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons-7233 Delmar Blv'd.,				

(Licensed Embalmer's Statement on Reverse Side)

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

107 Aberdeen Place
Pa. 1-7258

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 *Clarence H. Murray*.....

Licensed Embalmer No. *4017*.....

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