

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15434

XC 2003 81
SL 12757

FILED APR 22 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2807

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN 915 N Grand Blvd St. Louis, Mo. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CLAYTON 4462 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSPITAL		Length of stay in lb 40 Days	27 STREET ADDRESS 6604 Sanbonita (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last LOUIS D WEATHERBY			4. DATE OF DEATH Month Day Year 3/20/57		
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/31/12	9. AGE (In years last birthday) 44 yrs	IF UNDER 1 YEAR Months Days Hours Min. 11 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Canton, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Arthur Weatherby			14. MOTHER'S MAIDEN NAME Minnie Harris		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW-2 486 28 4758	17. INFORMANT V.A. HOSPITAL RECORDS ST. LOUIS, MO. Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE LUNG WITH WIDESPREAD METASTASES Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) - - -			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) - - -			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2/8/57 to 3/20/57 and last saw him alive on 3/20/57 Death occurred at 9:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) William D. Ashworth M.D. 0		22b. ADDRESS VAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 3/20/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 3/24/57	23c. NAME OF CEMETERY OR CREMATORY Forest Grove Casket	23d. LOCATION (City, town, or county) (State) Mo		
24. FUNERAL DIRECTOR Louis N. Boppe		ADDRESS	25. DATE RECD. BY LOCAL REG. MAR 22 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis J. Wyland Jr*
Licensed Embalmer No. 45

P. O. Address *Richmond*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa

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.