

FILED OCT 31 1957

STANDARD CERTIFICATE OF DEATH

1003

STATE FILE NUMBER

38325

9977

Registration District No. 318 Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis 2179 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 1919 S. Grand Blvd.,		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 17 1919 sGrand Blvd.,
3. NAME OF DECEASED (Type or print) First Middle Last Fanny J. Weston			4. DATE OF DEATH Month Day Year 10-23-57
5. SEX female	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 July 1, 1874
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stayed Home		10b. KIND OF BUSINESS OR INDUSTRY Never Worked	11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME James W. Weston	
14. MOTHER'S MAIDEN NAME Fanny Baldwin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT Robert H. Conner 7418 S. Grand	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Myocarditis</i> DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) <i>+ Senility</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 4221			INTERVAL BETWEEN ONSET AND DEATH <i>about 1 year</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input 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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>May 1950</i> to <i>Oct 23-1957</i> and last saw her <i>him</i> alive on <i>Oct 23-1957</i> Death occurred at <i>6A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Arnold Klein M.D.</i> (In case of title)		22b. ADDRESS <i>2632 to Knighthighway</i>	22c. DATE SIGNED <i>10-24-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Oct 26, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bellefontane Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>
24. FUNERAL DIRECTOR <i>Weick Bros</i> ADDRESS <i>2201 S. Grand Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 25 '57</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> <i>m80</i>

DEC 12 1957

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 *V. E. Marino*

Licensed Embalmer No. *33*

P. O. Address: *St. Louis,*

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.