

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**PLACE OF DEATH**

County Cape Girardeau  
 Township Randal  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 131 File No. 27618  
 Primary Registration District No. 5782 Registered No. 15

(If death occurred in a hospital or institution, give its NAME instead of street and number)

**FULL NAME** George Weiss Sr.

**PERSONAL AND STATISTICAL PARTICULARS**

**SEX** male **COLOR OR RACE** white **SINGLE MARRIED WIDOWED OR DIVORCED** married.  
(Write the word)

**DATE OF BIRTH** 7/24, 1934  
(Month) (Day) (Year)

**AGE** 75 yrs. 1 mos. 5 ds. IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

**OCCUPATION**  
 (a) Trade, profession, or particular kind of work farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) retired farmer

**BIRTHPLACE**  
 (City or town, State or foreign country) Brunswick Ga

**PARENTS**  
**NAME OF FATHER** Jacob Weiss  
**BIRTHPLACE OF FATHER** Brunswick  
**MAIDEN NAME OF MOTHER** Siddy Klebick  
**BIRTHPLACE OF MOTHER** Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Charles E. and Weiss  
 (ADDRESS) Cape Girardeau Co.

Filed Aug. 31, 1914, Dr. L. J. Steger REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH** 8/28/1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 30<sup>th</sup>, 1911, to \_\_\_\_\_, 1911, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 1911, and that death occurred, on the date stated above, at \_\_\_\_\_ m. The CAUSE OF DEATH\* was as follows:

Cystitis & compli-  
tations  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory Enlarged prostate  
 (SECONDARY) (Duration) 1/2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) E. B. Schultz M. D.  
 \_\_\_\_\_ 1911 (Address) Cape Girardeau

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  
**LENGTH OF RESIDENCE** (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Where was disease contracted if not at place of death?  
 Former or usual residence \_\_\_\_\_

**PLACE OF BURIAL OR REMOVAL** Howard cem. **DATE OF BURIAL** 8/21, 1914

**UNDERTAKER** A. Brinkhoff **ADDRESS** 533 Broadway St.

This certificate is subject to the provisions of the Act of March 27, 1914, and the Act of March 27, 1915, and the Act of March 27, 1916, and the Act of March 27, 1917, and the Act of March 27, 1918, and the Act of March 27, 1919, and the Act of March 27, 1920, and the Act of March 27, 1921, and the Act of March 27, 1922, and the Act of March 27, 1923, and the Act of March 27, 1924, and the Act of March 27, 1925, and the Act of March 27, 1926, and the Act of March 27, 1927, and the Act of March 27, 1928, and the Act of March 27, 1929, and the Act of March 27, 1930, and the Act of March 27, 1931, and the Act of March 27, 1932, and the Act of March 27, 1933, and the Act of March 27, 1934, and the Act of March 27, 1935, and the Act of March 27, 1936, and the Act of March 27, 1937, and the Act of March 27, 1938, and the Act of March 27, 1939, and the Act of March 27, 1940, and the Act of March 27, 1941, and the Act of March 27, 1942, and the Act of March 27, 1943, and the Act of March 27, 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Act of March 27, 2009, and the Act of March 27, 2010, and the Act of March 27, 2011, and the Act of March 27, 2012, and the Act of March 27, 2013, and the Act of March 27, 2014, and the Act of March 27, 2015, and the Act of March 27, 2016, and the Act of March 27, 2017, and the Act of March 27, 2018, and the Act of March 27, 2019, and the Act of March 27, 2020, and the Act of March 27, 2021, and the Act of March 27, 2022, and the Act of March 27, 2023, and the Act of March 27, 2024, and the Act of March 27, 2025, and the Act of March 27, 2026, and the Act of March 27, 2027, and the Act of March 27, 2028, and the Act of March 27, 2029, and the Act of March 27, 2030, and the Act of March 27, 2031, and the Act of March 27, 2032, and the Act of March 27, 2033, and the Act of March 27, 2034, and the Act of March 27, 2035, and the Act of March 27, 2036, and the Act of March 27, 2037, and the Act of March 27, 2038, and the Act of March 27, 2039, and the Act of March 27, 2040, and the Act of March 27, 2041, and the Act of March 27, 2042, and the Act of March 27, 2043, and the Act of March 27, 2044, and the Act of March 27, 2045, and the Act of March 27, 2046, and the Act of March 27, 2047, and the Act of March 27, 2048, and the Act of March 27, 2049, and the Act of March 27, 2050, and the Act of March 27, 2051, and the Act of March 27, 2052, and the Act of March 27, 2053, and the Act of March 27, 2054, and the Act of March 27, 2055, and the Act of March 27, 2056, and the Act of March 27, 2057, and the Act of March 27, 2058, and the Act of March 27, 2059, and the Act of March 27, 2060, and the Act of March 27, 2061, and the Act of March 27, 2062, and the Act of March 27, 2063, and the Act of March 27, 2064, and the Act of March 27, 2065, and the Act of March 27, 2066, and the Act of March 27, 2067, and the Act of March 27, 2068, and the Act of March 27, 2069, and the Act of March 27, 2070, and the Act of March 27, 2071, and the Act of March 27, 2072, and the Act of March 27, 2073, and the Act of March 27, 2074, and the Act of March 27, 2075, and the Act of March 27, 2076, and the Act of March 27, 2077, and the Act of March 27, 2078, and the Act of March 27, 2079, and the Act of March 27, 2080, and the Act of March 27, 2081, and the Act of March 27, 2082, and the Act of March 27, 2083, and the Act of March 27, 2084, and the Act of March 27, 2085, and the Act of March 27, 2086, and the Act of March 27, 2087, and the Act of March 27, 2088, and the Act of March 27, 2089, and the Act of March 27, 2090, and the Act of March 27, 2091, and the Act of March 27, 2092, and the Act of March 27, 2093, and the Act of March 27, 2094, and the Act of March 27, 2095, and the Act of March 27, 2096, and the Act of March 27, 2097, and the Act of March 27, 2098, and the Act of March 27, 2099, and the Act of March 27, 2100.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH  
County Cape Girardeau  
Township Randolph  
or  
Village  
or  
City (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 131 File No. \_\_\_\_\_

Primary Registration District No. 5182 Registered No. 15-

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME George Weiss Sr

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

DATE OF DEATH 8/28, 1911  
(Month) (Day) (Year)

DATE OF BIRTH 7/24, 1836  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 30, 1911, to Aug 26, 1911, that I last saw him alive on Aug 25, 1911, and that death occurred, on the date stated above, at 11<sup>45</sup> a.m.

AGE 75 yrs. 1 mos. 3 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

The CAUSE OF DEATH<sup>+</sup> was as follows:  
Cystitis + Complications

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

BIRTHPLACE (City or town, State or foreign country) Burgwin, Ky.

(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

NAME OF FATHER Jack Weiss

Contributory Enlarged prostate  
(SECONDARY) (Duration) 14 yrs. \_\_\_ mos. \_\_\_ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) German

(Signed) G. B. Schulz M. D.  
Aug 28, 1911 (Address) Cape Girardeau

MAIDEN NAME OF MOTHER Sally Klisick

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Charley & Aug. Weiss

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(ADDRESS) Cape Girardeau Co

Where was disease contracted if not at place of death?

Former or usual residence

Filed Aug 31, 1911, B. L. J. Steyer REGISTRAR

PLACE OF BURIAL OR REMOVAL Honover Cem DATE OF BURIAL 8/31, 1911

UNDERTAKER Al Brinkoff ADDRESS 533 Benton St.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
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*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthénia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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