

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

Do not use this space.

22486

1. PLACE OF DEATH

County.....
Towship.....
City..... *St. Louis* (No.)

Registration District No. *79 III*
Primary Registration District No. *1008*

File No.
Registered No. *6688*
St. Ward)

2. FULL NAME

Louisa J. Weiss
(a) Residence. No. *5421 Wren Ave.* St. *7* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND-OR (OR) WIFE OF *Frank J. Weiss*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 28 - 1896*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
31 *5* *27*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *house work*
(b) General nature of industry, business, or establishment in which employed (or employer) *1101*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *St. Louis Mo.*

10. NAME OF FATHER

Herman Berger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *St. Louis Mo.*

12. MAIDEN NAME OF MOTHER

Louisa Guttler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *St. Louis Mo.*

14. INFORMANT

Frank J. Weiss
(Address) *5421 Wren Ave.*

15. FILED

26 1928 *May 2* *Stark*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *6/24* 19 *28*

17. I HEREBY CERTIFY That I attended deceased from *June 20*, 19 *28*, to *June 24*, 19 *28*, that I last saw him alive on *June 24*, 19 *28*, and that death occurred, on the date stated above, at *7:30* a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
1010

CONTRIBUTORY (SECONDARY) *Empyema non tubercular cause unknown*
Operation for Empyema

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH?

2 DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *June 20, 28*

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Wm. Simpson*, M.D.
6/24, 19 *28* (Address) *3838 W. 7th*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Calvary

20. UNDERTAKER

Thomschewitz and Co

DATE OF BURIAL

June 27 1928

ADDRESS

4740 St. Louisant

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

