

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

Do not use this space.

28522

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St Louis* (No. *3849*) *St Louis*

File No.....  
Registered No. **8427**  
St. .... Ward)

**2. FULL NAME** *Emma Weiss*

(a) Residence, No. *3849 - Connecticut* St., *16* Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

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

**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 OF (OR) WIFE OF *Charles D Weiss*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Apr 9 - 1881*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
*49 4 15*

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) *Illinois*  
(STATE OR COUNTRY)

10. NAME OF FATHER *Wick Gantner*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *No known*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *No known*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *No known*  
(STATE OR COUNTRY)

14. INFORMANT *Charles D Weiss*  
(Address) *3849 - Connecticut St*

15. FILED *Aug 25 1930* *Ray C. Starnes*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *8/24* 19 *30*

17. I HEREBY CERTIFY, That I attended deceased from *8/13/30* 19 *30*, to *8/24* 19 *30*, and that I last saw her alive on *8/24/30*, 19 *30* and that death occurred, on the date stated above, at *5:45* A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Pneumonia*

*107th*  
*15th St*  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Bronchopneumonia*  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *107th*  
NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? DATE OF.....

19. WAS THERE AN AUTOPSY? *no.*  
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Julius Elson, M. D.*  
*8/24* 19 *30* (Address) *Jewish Hospital.*

\*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 DATE OF BURIAL  
*Washburn Cemetery* *Aug 26 30*

20. UNDERTAKER ADDRESS  
*Elson & PUCO* *2707 N Grand*

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.

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