

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

Do not use this space.

3315  
999

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. ....) Sanit. District St. .... Ward)

File No. ....  
 Registered No. ....

**2. FULL NAME**

Johanna Weiss  
 (a) Residence, No. 1115 Chestnut St. 25 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 53 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
about 76

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) 5700 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U DATE 1-24-34

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Ridger St

20. FILED 3 19 34 Registrar J. B. Sedwick

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/21/34 19

22. I HEREBY CERTIFY, That I attended deceased from 2/2/25, 19, to 1/20/34, 19.

I last saw her alive on 1/20/34, 19. Death is said to have occurred on the date stated above, at 1:15 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage - Apoplexy Date of onset 1/13/34

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) A. H. Miller, M. D.  
 (Address) 5700 Arsenal

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.

EB 27 1934

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

