

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.

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

Do not use this space.

38148

1. PLACE OF DEATH

County St Louis
Township Central
City Richmond Mo (No. St Marys Hospital)

Registration District No. 1170
Primary Registration District No. 62484

File No.
Registered No. 168

2. FULL NAME

Dorothea Weiss
(a) Residence, No. 1940 Plymouth St., 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? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anton Weiss</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 13, 1869</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>10</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Homewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>David Gaiser</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Magdolnie Bauer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Stuart St John 3034 Clayton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Laurel Hill Cemetery Oct 15 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Alyandru 2d Sons 6175 Delmar</u>		
20. FILED <u>October 13, 1934</u> <u>Gertrude Procter</u> Registrar.		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1934, to 10/12, 1934.
I last saw him alive on 10/12, 1934. Death is said to have occurred on the date stated above, at 2 m.
The principal cause of death and related causes of importance were as follows:
Cardio Renal disease Date of onset
95 to 2
Other contributory causes of importance:
Astma
Coronary Infarct.

Name of operation None Date of NA
What test confirmed diagnosis Spinal fluid Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury, 19...
Where did injury occur?, 19... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury

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

(Signed) James Rully M. D.
(Address) 6125 Belmont

Barthmer + Hoer tracks

925 H/A M¹ 61 25 30 1000

Call 10/17