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

APR 30 1935

Do not use this space.

14855

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. Jewish Hospital St. ..... Ward)

File No. .....

Registered No. 3707

2. FULL NAME Weiss Isaac

(a) Residence, No. 7004 Amherst St., N R Ward. University City
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 4 yrs. mos. ds. How long in U. S., if of foreign birth? 3 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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 Lillie Weiss

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

7. AGE: about 50 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laidies Ready to wear

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

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 30 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER

13. NAME Mandel Weiss

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

MOTHER

15. MAIDEN NAME Sarah Rivaka Doorman

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

17. INFORMANT (ADDRESS) Jack Friedman 7004 a Amherst

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chesed Shel Emeth DATE Apr. 26 1935

19. UNDERTAKER (ADDRESS) Oxenhandler Funeral Service Inc 4469 Washington Blvd.

20. FILED APR 24 1935 19 J P Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/23, 1935, to 4/23, 1935

I last saw him alive on 4/23, 1935. Death is said to have occurred on the date stated above, at 10:30 P m.

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

Cerebral hemorrhage — Date of onset

95 [illegible]

Other contributory causes of importance:

Hypertensive heart disease

Name of operation None 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) Harry Cyrus, M. D.

(Address) Jewish Hospital, St. Louis