

APR 13 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003** File No. **48042**
City **St. Louis Mo** (No. **St. Louis Maternity Hosp.**) Registered No. **3446**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **16324 Southwood Ave NR** 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>3-28-36</i>		
7. AGE	YEARS	MONTHS
<i>Stillborn</i>		
		DAYS
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis*13. NAME *Weiss, Sam Gilbert*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*15. MAIDEN NAME *Glasser, Jeanette*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*17. INFORMANT (ADDRESS) *J. A. Weiss 634 Southwood Ave*18. BURIAL, CREMATION, OR REMOVAL PLACE *Interred Holy Trinity* DATE *3/30 1936*19. UNDERTAKER (ADDRESS) *W. A. Geyer 4715 McPherson*20. FILED **MAR 30 1936** *J. F. Biedeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *MARCH 28th 1936*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....

I last saw him *dead* *alive* on *3-28-36*, 19..... Death is saidto have occurred on the date stated above, at *12:10 P.M.*

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

Date of onset

Stillborn

.....

.....

.....

.....

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? *No*

If so, specify.....

(Signed) *Charles Drabkin*..... M. D.(Address) *6.30 So. Kingshighway Blvd*

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.

1800-11-24-33

