

JAN 10 1938

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

43586  
Do not use this space.

7917  
1003

Registered No. 1836

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. 4371 Gibson Ave. St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph F. Weisser

(a) Residence, No. 4371 Gibson Ave. St. 18 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Sophia Weisser  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1869  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
68 0 11  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butcher  
9. Industry or business in which work was done, as saw mill, bank, etc. Ind. Pkng. Co. 157  
10. Date deceased last worked at this occupation (month and year) About 6 yrs. ago 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

FATHER 13. NAME Karl Weisser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

17. INFORMANT Carl Weisser (ADDRESS) 4371 Gibson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE 12-27 19. 37

19. FUNERAL DIRECTOR Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED DEC 24 1937 J. R. Bredenk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23 19 37

22. I HEREBY CERTIFY, That I attended deceased from Aug 4<sup>th</sup>, 1937, to Dec 23, 1937  
I last saw him alive on Dec 18, 1937. Death is said to have occurred on the date stated above, at 6 A. m.  
The principal cause of death and related causes of importance were as follows:

Aortic insufficiency  
General arteriosclerosis  
several yrs.  
Date of onset about 3 yrs.

Other contributory causes of importance: General arteriosclerosis several yrs.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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) Joseph Finckel, M. D.  
(Address) 7286 3/2 Manchester  
Manhattan

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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*Per Hatched*  
*73637 Manchester*

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Edwin M. Dermott*

Licensed Embalmer No. *3024*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**