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

REC'D APR 11 1938

8642
Do not use this space.

1. PLACE OF DEATH 2

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 2231

(c) City St. Louis (d) Street No. 3444 S. Grand Blvd. 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 Herman L. Weiss 206

(a) Residence, No. 3444 S. Grand Blvd. St. [illegible]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Florence Weiss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 15-1883.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Jeweler
9. Industry or business in which work was done, as 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) New York

FATHER

13. NAME Louis Weiss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Hannah Rothman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Florence Weiss 3444 S. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE March-7- 1938

19. FUNERAL DIRECTOR (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED MAR 5 1938 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 3nd. 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, 11.30 P.M.

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

	Date of onset
Coronary Sclerosis;	
Arteriosclerosis;	
Chronic Nephritis;	
Edema of Lung. (Arteriosclerosis)	

Other contributory causes of importance:

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

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? ..... 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 See above

Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph M. Quinn M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1945

STATEMENT BY LICENSED EMBALMER

I, Robert Wheeler, Licensed Embalmer No. 2128

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

L. E.

No. 2128 or by, Registered Apprentice No.

working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2128

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