

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.

REC'D JUL 12 1938

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

Do not use this space.

20009

1. PLACE OF DEATH

County _____
Township _____
City St. Louis

Registration District No. 791
Primary Registration District No. 1008

File No. _____
Registered No. 5148
St. _____ Ward _____

2. FULL NAME Samuel Weiss

(a) Residence, No. 4017 N. 21st St., 26 Ward.

(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 <u>Male</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>Erna Weiss</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31 1889</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>10</u>
	DAYS <u>1</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>Meat cutter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Grocery</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	13. NAME <u>Samuel Weiss</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Emilie Haber</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>Erna Weiss</u> (ADDRESS) <u>4017 N. 21st St.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Bethlehem Cem.</u> DATE <u>June 6 1938</u>		
19. UNDERTAKER <u>Wiederwieser Funeral Home Inc</u> (ADDRESS) <u>1936 St. Louis Ave.</u>		
20. FILED <u>JUL 6 1938</u> <u>J. F. Budick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/1 1938 to 6/2 1938

I last saw him alive on 6/2 1938 Death is said to have occurred on the date stated above, at 1 PM m.

The principal cause of death and related causes of importance were as follows:
Aneurysm of arch of aorta perforating into Esophagus 4 days

Other contributory causes of importance:
Syphilis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) L. J. Hayden, M. D.
(Address) 5899 Delmar

This is to certify that the body recorded
on the reverse side of this certificate
was embalmed by me.

W. H. Katz
Licensed Embalmer No. 3737