

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

CERTIFICATE OF DEATH

30674
Do not use this space.

791
1008

8111

1. PLACE OF DEATH St. Louis 12 1938
 (a) County St. Louis Registration District No. _____
 (b) Township St. Louis Primary Registration District No. _____
 (c) City St. Louis (d) Street No. City Hospital No. 1 St. _____
 (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 Harry Weis
 (a) Residence, No. 1436 East Cano St. 9
 (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 single
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1st. 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 1 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. student
 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) St. Louis, Missouri

FATHER 13. NAME Harry Weis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER 15. MAIDEN NAME Lillie Noonan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT Hosp. Info M. Kent
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 9-14 1938

19. FUNERAL DIRECTOR W. A. STOKER
 (ADDRESS) 2117 E. GRAND

20. FILED SEP 13 1938 J. F. Bueck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11/38

22. I HEREBY CERTIFY, That I attended deceased from 9/4/38 19 9/11/38 19
 I last saw him alive on 9/11/38 19 _____ Death is said to have occurred on the date stated above 12.30 p.
 The principal cause of death and related causes of importance were as follows:

*Acute endocarditis
 Acute rheumatic fever
 caused by staphylococcal
 infection*
 Date of onset _____
 Other contributory causes of importance: Lobar pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? 108 Was there an autopsy? y

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? 1
 If so, specify _____
 (Signed) Bernard Schwartzman M. D.
 (Address) St. Louis City Hospital No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 *Frank A. Moore*

Licensed Embalmer No. *304*

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