

DEC'D JUL 12 1939

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

20272

Do not use this space.

1. PLACE OF DEATH

(a) County JULIA WITZ Registration District No. **791**
(b) Township St. Louis, Mo. Primary Registration District No. **1003**
(c) City St. Louis, Mo. (d) Street No. City Sanitarium Registered No. **5116**
(e) Length of residence in city or town where death occurred 35 yrs. mos. da. (f) How long in U. S., if of foreign birth? 35 yrs. mos. da.

2. PRINT FULL NAME

JULIA WEITZ
(a) Residence, No. 3627 Lee Ave. St. 10
(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 <u>Female</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>Joseph Meitz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) / <u>Aug. 15, 1888</u>		
7. AGE <u>53</u>	YEARS <u>7</u>	MONTHS <u>9</u>
DAYS <u>19</u>		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>	
	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) <u>Unknown</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>		
FATHER	13. NAME <u>GEORGE Unknown SHBUEL</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u> <u>7</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u> <u>7</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u> <u>7</u>	
17. INFORMANT (ADDRESS) <u>Herbert O. Smith</u> <u>5400 Arsenal St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>6/8/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. A. Stock Und. Co.</u> <u>2117 E. Grand Blvd.</u>		
20. FILED <u>JUN 7 1939</u> <u>J. B. ...</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19... to 6-4-39, 19...
I last saw h. or alive on 6-4-39, 19... Death is said to have occurred on the date stated above, at 2:35 m. P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Uterus
(onset) Sept. 1938
Chronic Myocarditis
(onset) Nov. 1931
Date of onset

Other contributory causes of importance:
Chronic Myocarditis
(onset) Nov. 1931

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?
If so, specify Herbert O. Smith, M. D.
(Signed)..... (Address).....

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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.)

If this body is not embalmed, above space should be left blank.