

2263  
 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.

FILED FEB 17 1940

Registration District No. 7811 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1008  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
 (c) Name of hospital or institution: City Hospital, #1  
 (d) Length of stay: In hospital or institution 1 Mo.  
 In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED: 1  
 (a) State Missourir (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (d) Street No. 1710 S. 7th St.  
 (e) If foreign born, how long in U. S. A. 47 yrs. years.

3. (a) PRINT FULL NAME George Weiss 200  
 8. (b) If veteran, name war no 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Magdalena Weiss 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased March 23, 1877  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>9</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace \_\_\_\_\_ Hungary  
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Relief

MOTHER FATHER { 12. Name John Weiss  
 18. Birthplace \_\_\_\_\_ Hungary  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Don't know  
 15. Birthplace \_\_\_\_\_ Hungary  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Magdalena Weiss  
 (b) Address 1710 S. 7th St.

17. (a) Burial (b) Date thereof Jan. 6, 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation S.S. Peter and Paul Ch.

18. (a) Signature of funeral director Weick Bros. Und. Co.  
 (b) Address 2201 S. Grand St.

19. (a) JAN 5 1940 (b) J. J. [Signature]  
 (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3, year 1940 hour 11:30 minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from December 5, 1939, to January 3, 1940  
 that I last saw him alive on January 3, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Right Lung. Duration \_\_\_\_\_

Due to Lung abscess. Etiology unknown.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature E. J. [Signature] (M. D. or other) \_\_\_\_\_  
 Address 1515 Lafayette Date signed 1/4/40

**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 *Vern Stewart*

Licensed Embalmer No..... 3722.....

P. O. Address 412 Duchouquette St.....

**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.**