

Registration District No. **791**

Primary Registration District No.

Registrar's No.

FILED MAR 12 1940

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4632 Shenandoah Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

8. (a) PRINT FULL NAME Katherine Weiss

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Gottlieb 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 31st 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	10	4	_____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Naumann

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Weiss
 (b) Address 4632 Shenandoah Ave.

17. (a) Burial (b) Date thereof 2-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) Feb 8 1940 (b) J. J. Beck
(Date received in office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4632 Shenandoah Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th
 year 1940 hour 1:45 minute P.M. M.

21. I hereby certify that I attended the deceased from 6-30-38
to 1-4-1940, 19____, that I last saw him alive on 1-4, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 2 days

Due to Causes of Uremia 2 years

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Cerebral Cervix PHYSICIAN _____
 Of operations Prosthetic given 7-5-1938 Underline the cause to which death should be charged statistically.
 Of autopsy 4-29-1939

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?

(Specify type of place) _____
 While at work? _____ (e) Means of injury 1. mds

23. Signature Dr. Wm. H. Neuell (M. D. or O.D.)
 Address 105 Luther Blvd Date signed 2/2/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Edwin M. Herriott*

Licensed Embalmer No. *3024*

P. O. Address.....

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.