FEB 18 1940

FILED MAR 7 - 1940

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

8234
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 784
(b) Township or Primary Registration District No. 200 Registered No. 339
(c) City Jefferson Barracks Mo. (d) Street No. VETERANS FACILITY St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 WEISS, Philipp
(a) Residence, No. Cantwell Mo. St.
(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 M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elva Weiss
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21 St. 1888
7. AGE YEARS 51 MONTHS 5 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Unknownn
10. Date deceased last worked at this occupation (month and year) Unknown n
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co. Mo.

FATHER
13. NAME Joseph Weiss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Rosa Grass
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Miss A Schelling Gov. Records Vet Facility JEFF BKS.
18. BURIAL, CREMATION, OR REMOVAL PLACE CANTWELL, Mo DATE Feb. 19 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. Hoffmeister L.-Z.C. 7814 S. Broadway
20. FILED FEB 18 1940 J R Meyer M D & PH Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17-40, 19
22. I HEREBY CERTIFY, That I attended deceased from 2-15-40, 19, to 2-17-40, 19
I last saw him alive on 2-17-40, 19 Death is said to have occurred on the date stated above, at 3:20 P.M.
The principal cause of death and related causes of importance were as follows:

Endocarditis chronic with an acute exacerbation involving aortic mitral and tricuspid valves. (Rheumatic)

Date of onset

Other contributory causes of importance: None 92a

Name of operation None Date of
What test confirmed diagnosis? Postmortem Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify
(Signed) C.W. Hughes M.D.
(Address) C.W Hughes C.M.O. U.S.V.A. Facility Jefferson Barracks, Mo.

707

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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.

X16605

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. 2426

P. O. Address 7814 S Bdway

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

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