

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23953**
Registrar's No. **6398**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **Saint Louis, Missouri.**
(c) Name of hospital or institution:
2009 California 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)

3. (a) PRINT FULL NAME **John H. Weisz.**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **489-01-6129**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married.**
6. (b) Name of husband or wife **Amy Weisz** 6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **July 31st, 1885.**
(Month) (Day) (Year)

8. AGE: Years **54** Months **11** Days **27**
If less than one day _____ hr. _____ min.

9. Birthplace **Saint Louis, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Foreman**

11. Industry or business **Cupples.**

MOTHER FATHER { 12. Name **Konrad Weisz.**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Elsa Shepp.**
15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Amy Weisz**
(b) Address **2009 California Ave.**

17. (a) **Burial** (b) Date thereof **July 31st, 40.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Marcus Cemetery.**

18. (a) Signature of funeral director **Ziegenhein Bros.**
(b) Address **2623 Cherokee Street.**

19. (a) **JUL 30 1940** (b) **J. F. Fredrick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County _____
(c) City or town **Saint Louis, 23**
(If outside city or town limits, write "RURAL")
(d) Street No. **2009 California Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **28th.**
year **1940.** hour **6** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **May 28, 1940**, to **July 28, 1940**
that I last saw him alive on **July 28, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Chronic Bronchitis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
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) (e) Means of injury _____
23. Signature **F. W. ...** (M. D. or other) _____
Address **2315 S. Jefferson** Date signed **7/30/40**

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.

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 *Juddie A. Ziegler*

Licensed Embalmer No. 2270.

P. O. Address. 2623 Cherokee Street.

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.