No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38358

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 383

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County: Cape
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: one day (Specify whether years, months or days)
In this community: 71 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Perry
(c) City or town: Perryville
(If outside city or town limits, write "RURAL")
(d) Street No.: 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Henry Frank Weiss
3. (b) If veteran, name war: ____
3. (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: Lena C. Weiss
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: November 17, 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	11	27	____ hr. ____ min.

9. Birthplace: Perryville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Manager of City Water Dept
11. Industry or business: 6
FATHER
12. Name: Joseph Weiss
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Kiefer
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Lena C. Weiss
(b) Address: Perryville, Mo.
17. (a) Burial: St. Boniface (Burial, cremation, or removal) (b) Date thereof: Nov. 18, 19 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Boniface
18. (a) Signature of funeral director: Leuckel Funeral Home
(b) Address: Perryville Mo.
19. (a) 11-14-40 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 14 day 1940 year ____ hour 7 45 minute P M.
21. I hereby certify that I attended the deceased from Nov 16 1940, to Nov 14 1940, that I last saw him alive on Nov 14 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Peritonitis
Due to: Perforation Bowel
Hepatic Abscess - Ca Colon
Due to: Intestinal Obstruction

Other conditions (Include pregnancy within 3 months of death): 46

Major findings:
Of operations: ____
Of autopsy: ____

Duration

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____
23. Signature: D. B. Edwards (M. D. or other)
Address: Cape Girardeau Mo. Date signed: ____

(Licensed Embalmer's Statement on Reverse Side)

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~~ 11-14-

....., Registered Apprentice No.....

working under my personal supervision.

Signed Philip A Leuchel

Licensed Embalmer No. 2936

P. O. Address Perryville M

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

If this body is not embalmed, fact should be so stated above.