

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16483**
Registrar's No. **4001**

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

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:
1436 Gano Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 60 Yrs.

3. (a) PRINT FULL NAME Frances R. Weis.

3. (b) If veteran, name war..... None
3. (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..... Jacob Weis
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 18, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 10 23 hr. min.

9. Birthplace South Church, England
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER
12. Name William Bozzard
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Milton Weis.

(b) Address 1436 Gano Ave.

17. (a) Burial (b) Date thereof 5/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) MAY 12 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 917
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1436 N Gano Ave.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1941 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 5-41
to May 11 1941
that I last saw her alive on May 11 1941
and that death occurred on the date and hour stated above

Immediate cause of death Coronary Thrombosis
Angina Pectoris
Hypertension
Myocarditis Chronic
Due to.....
Due to.....
Other conditions (include pregnancy within 6 months of death).....

Major findings: 93 & 930
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 [Signature] (M. D. or other) D
Address 6504 Delmar Date signed 5/24/41

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

Dr. J. E. Sommers
6504^a Delmas
Pasadena 5051

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 *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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, fact should be so stated above.