

FILED FEB 24 1942

1003

Registration District No. _____

Primary Registration District No. _____

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:
5637 Summit Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 Years (Specify whether years, months or days)

8. (a) PRINT FULL NAME August Weiss

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

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

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

7. Birth date of deceased Oct. 5, 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 0 If less than one day hr. _____ min.

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

10. Usual occupation Glazer

11. Industry or business _____

12. Name Frederick Weiss

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

14. Maiden name Wilhelmina Funk

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

16. (a) Informant Arthur Weiss

(b) Address 5637 Summit Ave

17. (a) Burial (b) Date thereof 1/8/42
(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) JAN 6 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5637 Summit Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept. 22, 1936 to January 5, 1942
that I last saw him alive on January 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
Aortic Aneurysm
Syphilis

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 Alfred M. Langenbach (M. D. or other) _____
Address 5427 Southlight Ave Date signed Jan. 6/42

002
19.

7
9
0

Duration
5 yrs
15 mo
20-25 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Dr Alfred W. Hanselbach

5427 S W Ave

Se 1177

State of Oregon

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. 1st

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.