

FILED MAY 9 1942 3  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3014

Registrar's No. 108

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

1. PLACE OF DEATH:  
 (a) County Cole  
 (b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Marys  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 4 days  
(Specify whether  
 In this community Life.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cole  
 (c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 908 Madison  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Edgar John Weiss

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Apr day 30  
 year 1942 hour 11 minute 15 M.  
 21. I hereby certify that I attended the deceased from Apr 25  
1942 to Apr 30, 1942  
 that I last saw him alive on Apr 30, 1942  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death folly pneumonia  
Bacterial

3. (b) If veteran, name war No. 3. (c) Social Security No. 490-09-435

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 19, 1995  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46. 10 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jefferson City Mo. Cole  
(City, town, or county) (State or foreign country)

10. Usual occupation Billiard hall Helper

11. Industry or business \_\_\_\_\_

12. Name Joseph C. Weiss

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

14. Maiden name Theresa Weiss

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

16. (a) Informant Mrs Theresa Weiss

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 5/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Theresa Weiss

(b) Address Jefferson City, Mo.

19. (a) 5-1-42 (b) Theresa Weiss  
(Date received local registrar) (Registrar's signature)

Duration  
6 days

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 Theresa Weiss (M. D. or other) \_\_\_\_\_  
Address 626 Jefferson Date signed 5-1-42

MOTHER FATHER

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

MAR 13 1956

---

---

**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.....

*Victor Buescher*

Licensed Embalmer No..... 3701

P. O. Address Jefferson City, Mo.

**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.**