

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25194**

Registration District No. **713**

Primary Registration District No. **6075**

Registrar's No. **81**

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town St. Francois (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No. 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 yrs. 5 days
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town 1421 Temple Plc., St. Louis, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME GEORGE WEISS
 3. (b) If veteran, name war Unknown
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
 (Month) (Day) (Year)

8. AGE: Years 60 ? Months _____ Days _____
 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis County
 (City, town, or county) (State or foreign country)

10. Usual occupation Farm hand

11. Industry or business _____

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

16. (a) Informant State Hospital #4 Records

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 7-7-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hospital Cemetery

18. (a) Signature of funeral director Chas. Richardson

(b) Address Farmington, Mo.

19. (a) 7-7-42 (b) Burdie Buhmester
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 6th
 year 1942 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 29th to July 6th, 1942
 that I last saw h im alive on July 6th, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis with terminal thrombosis.
Cerebral hemorrhage.

~~Other~~ Dementia Praecox Many years

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

Major findings: NONE
 Of operations _____
 Of autopsy NONE

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence NO

(c) Where did injury occur? NO

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
NO

23. Signature G. TIVIS GRAVES, JR. M.D.
 Address FARMINGTON, MO. Date signed 7-7-42

Duration (7-6-42)
Sudden
12/1/39
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

94
0
0

RECEIVED

District Health Officer No. 4

District File Number 842-978

Date Filed 8-10-42

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.

This body not embalmed.

Signed *Chas. Richardson*

Licensed Embalmer No. 3167

P. O. Address *Hampton 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.