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V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 2744

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 524 Midvale /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 524 Midvale
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Arnold A. 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 Josephine Weiss

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept. (Month) 20 (Day) 1879 (Year)

8. AGE: Years 63 Months 3 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Samuel Weiss
13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jeanette Ruzock
15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Stanly Weiss
(b) Address 524 Midvale

17. (a) buria l (Burial, cremation, or removal) (b) Date thereof Dec. 29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) DEC 30 1942 (Date received local registrar) (b) E. H. McGinnis M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1942 hour 9 minute 45 A M.

21. I hereby certify that I attended the deceased from Jan 1, 1942, to Dec 27, 1942; that I last saw him alive on Dec 26, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive heart failure	1 mo.
Due to Coronary infarction	6 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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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 Albert E. Tamsig (M. D. or other) MD
Address 4500 Olive St. Louis Mo Date signed 12/27/42

(Licensed Embalmer's Statement on Reverse Side)

JAN 11 1943

MAY 26 1944

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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.