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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7743

State File No.

Registration District No. 200 Primary Registration District No. 106 Registrar's No. 417

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1001 Big Bend Rd. /
(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 Mo (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 1001 Big Bend Rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Henry Weiss
3. (b) If veteran, name war
3. (c) Social Security No. 490-05-2375
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Weiss
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Aug (Month) 20 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	4	28	hr. min.

9. Birthplace Des Peres (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Caretaker
11. Industry or business Bethesda Nursing Home
FATHER
12. Name Joseph Weiss
13. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)
MOTHER
14. Maiden name Selma Blase
15. Birthplace St Louis Co (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Mrs. Lillian Weiss
(b) Address 1001 Big Bend, Kirkwood
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Hoxie, Arkansas
18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.
19. (a) FEB 19 1943 (Date received local registrar) (b) E. G. McGarvey, M.D. (Registrar's signature) A.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1943 hour minute M.
21. I hereby certify that I attended the deceased from Jan 5 1943, to Feb 17 1943
that I last saw him alive on Feb 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis -	immediate
Sub acute Bronchitis	20 da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 94a

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 [illegible] (M. D. or other) MD
Address Webster Groves Mo Date signed 2-17-43

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1948

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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, 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.