

APR 23 1943 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 3427

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: Jewish Hospital  
(d) Length of stay: In hospital or institution 17 mos  
In this community 17 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
(c) City or town University City 3  
(d) Street No. 6821 Pershing 5 NR  
Registered Alien  
(e) Citizen of foreign country? (Yes or No) /

3. (a) PRINT FULL NAME Sophie Weiss  
3. (b) If veteran, name war No 3. (c) Social Security No No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Jacob Weiss 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased May 10, 1851

8. AGE: Years Months Days If less than one day  
91 11 0

9. Birthplace Pahok Hungaria  
10. Usual occupation at home

11. Industry or business  
12. Name Leopold Hamberger  
13. Birthplace Hungaria  
14. Maiden name Julia (unk)  
15. Birthplace Hungaria

16. (a) Informant Louis Weiss  
(b) Address 6821 Pershing  
17. (a) burial (b) Date thereof 4/12/43  
(c) Place: burial or cremation Chased Shel Emeth  
18. (a) Signature of funeral director Berger Memorial  
(b) Address 4715 McPherson  
19. (a) APR 12 1943 J. J. Bremer

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 10 year 1943 hour 7 minute 39 P.M.

21. I hereby certify that I attended the deceased from March 1, 1943 to April 10, 1943 that I last saw her alive on April 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of thyroid gland 2 yrs  
Duration 55

Other conditions: Hypertensive cardio. 5 yrs  
Nervous disease

Major findings: as above  
Of operations  
Of autopsy No

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work  
Signature: Foster J. Taylor (M. D. or other) M.D.  
Address: 465 N. Taylor Date signed: 4/12/43

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

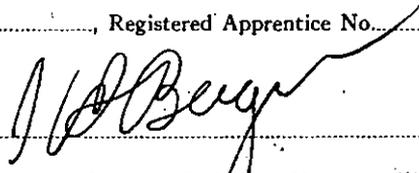
MOTHER FATHER

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**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



Licensed Embalmer No.....

1517

P. O. Address.....

**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.**