

FILED MAY 20 1944

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(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

3. (a) PRINT FULL NAME Sidney Weiss

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh. 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: April 18 1896
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Toy Mfg.

11. Industry or business _____

MOTHER FATHER { 12. Name Max Weiss
13. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)
14. Maiden name Gizella Loewenstein
15. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gizella Weiss
(b) Address 524 Midvale

17. (a) Burial (b) Date thereof 5-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Hermon Rentschler
(b) Address 5216 Delmar Blvd

19. (a) MAY 11 1944 (b) J. F. Busch
(Date received local record) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State _____ (b) County 96
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 524 Midvale
(If rural, give location) NR
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1944 hour 8 minute 00 AM

21. I hereby certify that I attended the deceased from May 7 1944 to May 9 1944
that I last saw her alive on May 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration 2 days

Due to _____

Due to _____

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

Major findings: Of operations PHYSICIAN _____

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 Arthur E. Strand (M. D. or other) 5/11/44
Address 529 N. Grand Date signed _____

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

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 Ketter

Licensed Embalmer No. *3830*

P. O. Address. *4555 Washington*

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.