

8-43
7-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED JUN 19 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20407**
Registrar's No. **5171**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5171**

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days** **0**
(Specify whether
In this community **38 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mad**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17**
(d) Street No. **912 Penrose St.**
(If rural, give location) **99**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Anna Weiss**

3. (b) If veteran, name war **No**
3. (c) Social Security (No. **995-14-7110**)

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Weiss**
6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **NOV. 24 1886**
(Month) (Day) (Year)

8. AGE: Years **57** Months **6** Days **10**
If less than one day hr. min.

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

10. Usual occupation **Housework**

11. Industry or business **None**

12. Name **Unknown Janitch**

13. Birthplace **Unknown** **Hungary**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **Hungary**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Weltlich**

(b) Address **1523 S. 9th St.**

17. (a) **Burial** (b) Date thereof **6-7-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Suedmeyer & Sons**

(b) Address **3934 N. 20th St.**

19. (a) **JUN 6 1944** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4**
year **1944** hour **3** minute **45** P. M.

21. I hereby certify that I attended the deceased from **Jan**
19 **44** to **June 4** 19 **44**
that I last saw him alive on **June 4**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage **1 Day**

Due to **Myocardial Infarction**
Due to **Coronary Hypertrophy**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **[Signature]**
Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **A. D. Lewing** (M. D. or other **M.D.**)
Address **2347 St. Louis** Date signed

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

MOTHER FATHER

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

Alfred J. Boedeker
2663 5934 alpha
Licensed Embalmer No. *alpha*
P. O. Address. *St. Louis 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.