S. No. 2
M—8-43
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 DEC 15 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36533
Registrar's No. 110377

1. PLACE OF DEATH:

(a) County: St Louis
(b) City or town: St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis Isolation Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: one week (Specify whether years, months or days)
In this community: 59 yrs. 0 mons. 4 das

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 017
(c) City or town: St Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 2615 Montgomery St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: William H. Weiss
3. (b) If veteran, name war: no
3. (c) Social Security No. 494-09-1596
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs Anastasia Weiss
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov (Month) 29 (Day) 1885 (Year)

8. AGE: Years 59 Months 0 Days 4 If less than one day: hr. min.

9. Birthplace: St Louis (City, town, or county) U (State or foreign country)
10. Usual occupation: Stevedore
11. Industry or business:
FATHER 12. Name: William H. Weiss
FATHER 13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name: Anastasia Lim
MOTHER 15. Birthplace: Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant: Nellie Harris
(b) Address: 5600 Arsenal
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Lockhart & Goodman
(b) Address: 2228 St. Louis Ave
19. (a) DEC 5 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1944 hour 3 minute 3 M.
21. I hereby certify that I attended the deceased from Nov 29 1944, 19..., to Dec 3 1944, that I last saw him alive on 3 Dec 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Staphylococcus septicemia	1 week
and meningitis	
Due to Staphylococcus endocarditis	and
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Brain, lung, kidney, spleen abscesses, meningitis, endocarditis

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: G. J. Conlin Jr. (M. D. or other) MD
Address: 5600 Arsenal Date signed 12-4-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.