

FILED MAR 14 1945
Registration District No. _____

Primary Registration District No. **1003**

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: 4986 Magnolia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65-7-2 (Specify whether years, months or days)

3. (a) PRINT FULL NAME George C. Weiss

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henrietta 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July 4th. 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation Butcher
11. Industry or business Grocery & Meat Market

12. Name Louis Weiss
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Henrietta Weiss
(b) Address 4986 Magnolia
17. (a) Cremation (b) Date thereof 3-2-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec
19. (a) MAP 1 10 43
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4986 Magnolia
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th.
year 1945 hour 7 minute 30P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to _____

Due to 94a

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

Major findings: _____
Of operations _____
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? _____

(Specify type of place) _____
While at work? _____ (Specify means of injury) _____
23. Signature W. Schumacher (M. D. or other) _____
Address _____ Date signed 3/1/45

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 Francis Williamson
Licensed Embalmer No. 3565
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.