

FILED AUG 31 1945

Registration District No. 818

Primary Registration District No. 1003

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

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: 4616 Lindell Blvd.
(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 Rose Weiss

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

4. Sex Fem. / 5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis Weiss 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Oct. 5 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Katherine Stern

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

16. (a) Informant Mrs. Katherine Friedman
(b) Address 4616 Lindell Blvd.

17. (a) Burial (b) Date thereof 7-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cem.

18. (a) Signature of funeral director H. Rindokopf
(b) Address 5216 Delmar Blvd.

19. (a) JUL 23 1945 (b) S. H. Fredell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4616 Lindell Blvd.
(If rural, give location)
(e) Citizen of foreign country? 03 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1945 hour 9 minute 25 AM

21. I hereby certify that I attended the deceased from 7:31 19.45
July 22 to July 22 19.45
that I last saw her er alive on July 22 19.45
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to Cancer of the uterus 191-
Chronic glomerulo nephritis

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

Major findings: Of operations H/O
Of autopsy _____

Duration 2 wks
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)
Means of injury _____

23. Signature James Wickman (M. D. or other) _____
Address Mo. Theater Bldg Date signed 7/23/45

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..... *3880*

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.