S. No. 2
M—8-43
. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2386

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 20

16
4

364

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days Hospital (Specify whether
In this community 4 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Dora Weiss

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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 November (Month) 17 (Day) 1906 (Year)

8. AGE: Years 39 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Seemstress

11. Industry or business

FATHER
12. Name August Weiss
13. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Barbara Schott
15. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant August Weiss
(b) Address Biehle Star R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo

19. (a) 1-17-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 15
year 1946 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from 1-2, 1946 to 1-15, 1946
that I last saw her alive on 1-15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Cardiac Valvular Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

92d

Duration

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 [signature] (M. D. or other) MD

Address Cape Girardeau Mo Date signed 1/16/46

44

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1946

FEB 27 1946

[illegible] Health Officer No. 4

Dist. [illegible] File Number 246-1654

Date Filed 2-7-46

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.