

1-5-43
5-17-39
I X36871

FILED MAR 3 18 1946
Registration District No. _____

Primary Registration District No. 1003

State File No. _____
Registrar's No. 1998

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hosp #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4233 Gratiot St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Weis

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kate

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct 12 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>4</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation General Contractor

11. Industry or business Retired 10 Years

MOTHER FATHER

12. Name Joseph Weis

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Kate Weis

(b) Address 4233 Gratiot St

17. (a) Burial (b) Date thereof 3 2 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter Paul

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) FEB 28 1946 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1946 hour 12 minute 35 0 M.

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

Immediate cause of death _____
Advanced Generalized Arteriosclerosis Sclerotic

Due to _____

Due to _____

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

Major findings:
Of operations _____

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)
(or) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address _____ Date signed 3/28/46

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

Coroners Case
Sat AM

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

Edwin M. Bennett

Licensed Embalmer No.

3024

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.