

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural: Airport Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution JEWISH SANATORIUM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 months 20 days
(Specify whether years, months or days)

In this community abt. 11 months
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00-4

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5554 Waterman 9
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME David Weyl

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male () 5. Color or race W.

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

6. (b) Name of husband or wife Sophie Jonas Weyl

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

7. Birth date of deceased October 11 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation General Merchant retired

11. Industry or business _____

12. Name Anselm Weyl

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Weisman

(b) Address 5554 Waterman

17. (a) Burial (b) Date thereof 1/4/1948
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer

(b) Address 4356 Landell Blvd

19. (a) 1-4-48 (b) Beilag
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day third
year 1948 hour twelve minute five A.M.

21. I hereby certify that I attended the deceased from February 14,
1947 to January 2, 1948;

that I last saw him alive on January 2, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death tuberculosis of bones and joints (chronic) and X-rayally

Due to _____

Due to _____

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

Duration 2 1/2 years

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)

(e) Means of injury _____

23. Signature John S. ... (M. D. or other)

Address JEWISH SANATORIUM Date signed 1.3.48

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

FEB 26 1948

MAR 13

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 S. Dennehy

Licensed Embalmer No. *4194*

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.