

FILED APR 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. **10810**  
**2292**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1061 McCausland Ave.</b>	
3. NAME OF DECEASED (Type or Print) <b>JOHN</b>		a. (First) <b>M.</b> b. (Middle) <b>WEIS</b> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 10 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Aug. 24, 1870</b>
9. AGE (In years last birthday) <b>78</b>		10. MONTHS <b>6</b>	11. DAYS <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dentist (Retired)</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>John G. Weis</b>		13b. MOTHER'S MAIDEN NAME <b>Mary McEvilly</b>	14. NAME OF HUSBAND OR WIFE <b>Late Margaret Weis</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mary Weis</b>		ADDRESS <b>4617 Tower Grove Pl.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of liver</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>467</b> <b>155X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June 26, 1946, to Mar 10, 1949</b> , that I last saw the deceased alive on <b>Mar 10, 1949</b> , and that death occurred at <b>12:15 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Anthony B. Day M.D.</b>		23b. ADDRESS <b>3720 Washington</b>	
23c. DATE SIGNED <b>2-11-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 14, 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL HEALTH DEPARTMENT <b>MAR 12 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lusster</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>		ADDRESS <b>4228 S. Kingshighway Bl.</b>	

Dr. William D. Day  
3720 Washington  
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**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.....

Student Embalmer No. ....

working under my personal supervision.

Signed..... *Richard W. Steward* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007 .....

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.