

FILED JUN 9 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 187-90
1950

BIRTH NO. #761 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri

c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2189

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.

18 STREET ADDRESS (If rural, give location) 3643 CLARK AVE.

3. NAME OF DECEASED
a. (First) PHILLIP b. (Middle) _____ c. (Last) WEIS

4. DATE OF DEATH (Month) (Day) (Year) June 4th, 1950

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER

8. DATE OF BIRTH JUNE 16, 1861

9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME JOSEPH WEIS 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE LATE ELIZABETH WEIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. WM. MAHER 2121 MAURY AVE.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wound

INTERVAL BETWEEN ONSET AND DEATH unk

ANTECEDENT CAUSES
Morbidity 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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR H5HX

22. I hereby certify that I attended the deceased from 6/3/50, 1950, to 6/4/50, 1950, that I last saw the deceased alive on 6/4/50, 1950, and that death occurred at 3:00PM m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Print name and title) 23b. ADDRESS 1515 Lafayette Ave., 23c. DATE SIGNED 6/5/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JUNE 7, 1950 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM. 24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.

DATE REC'D BY LOCAL REG. JUN 5 1950 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4228 S. KINGSHIGHWAY

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Richard W. Stoveland

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.