

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31992

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8075

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249

d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital d. STREET ADDRESS (If rural, give location) 3337 Missouri Ave

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) E. c. (Last) Weiss 4. DATE OF DEATH (Month) (Day) (Year) 9-23-1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH 5-21-1928 9. AGE (In years last birthday) 22 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) Chauffeur 10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch Inc. 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elmer W. Weiss 13b. MOTHER'S MAIDEN NAME Grace Pasley 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 16. SOCIAL SECURITY NO. W.W.#2 492-22-2168 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer W. Weiss 3337 Missouri Ave

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Medical Certification
Gulmonary Embolism of right femur, suffered when operated by the deceased
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) struck, fell in front of DUE TO (c) 4100 So. Bubby
II. OTHER SIGNIFICANT CONDITIONS Sept 12 1950
Interval between onset and death about 110 AM

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Accident 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) St. Louis Mo. Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 12 50 1:10 P.M. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 819 1/2

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter Ross Cooper, M.D. 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 9/25/50

24a. BURIAL (CREMATION, REMOVAL, etc.) Burial 24b. DATE 9-26-1950 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery 24d. LOCATION (City, town, or county) (State) 7900 Gravois Ave Mo

DATE REC'D BY LOCAL REG. SEP 25 1950 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein Bros. 6409 Gravois Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed *Henry M. Brammer*

Licensed Embalmer No. *4200*

P. O. Address *St. Louis*

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.