

FILED MAR 6 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6793
State File No. 1134
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
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 University City	4456
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 7015 Maryland	

3. NAME OF DECEASED (Type or Print) GIZELLA	a. (First)	b. (Middle)	c. (Last) WEISS	4. DATE OF DEATH Feb. 3, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) Abt. 78	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Czechoslovakia	6	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ignatz Loewenstein	13b. MOTHER'S MAIDEN NAME Regina Singer	14. NAME OF HUSBAND OR WIFE Max Weiss
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME W. S. Segalbaum-7015 Maryland	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart block	ANTECEDENT CAUSES	DUE TO (b) Degenerative heart disease	1 month
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)	1 year
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 <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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 H22, 2
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22. I hereby certify that I attended the deceased from January, 1948, to Feb, 1951, that I last saw the deceased alive on February 3, 1951, and that death occurred at 11 A.M., from the causes and on the date stated above.

23a. SIGNATURE R.A. Neumann (Degree or title) M.D.	23b. ADDRESS 3701 Grandel Sq	23c. DATE SIGNED 2-4-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/5/51	24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. FEB 5 1951	REGISTRAR'S SIGNATURE J. B. Pascoe	FUNERAL DIRECTOR'S SIGNATURE Hermann Lindhoff	ADDRESS 5216 - Delmar
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2009

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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 3880

P. O. Address 12 E. ...

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.