

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39896

FILED DEC 15 1951

State File No. _____

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **10776**

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, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 3649 Sullivan Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) c. (Last) WEISS		4. DATE OF DEATH (Month) (Day) (Year) DEC. 3, 1951	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan. 27, 1866
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY City Hospital	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. <input checked="" type="checkbox"/>
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Weiss	
13b. MOTHER'S MAIDEN NAME Katherine Hauser		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 500-34-8039	
17. INFORMANT'S SIGNATURE OR NAME Mr Charles Steimmeyer, 8677 Oriole Ave.		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post operative proctectomy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastrointestinal bleeding	
19a. DATE OF OPERATION 11-7-51		19b. MAJOR FINDINGS OF OPERATION Enlarged prostate	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 6/0X		22. I hereby certify that I attended the deceased from 10-15-51, 19 , to 12-3-51 , 19, that I last saw the deceased alive on 12-3-51 , 19, and that death occurred at 5:20 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Forest Harris M.D. <input checked="" type="checkbox"/>		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 12-3-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12/5/1951		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
24d. LOCATION (City, town, or county) (State) Hillsdale, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.	
25. ADDRESS 2161 East Fair Ave.		DATE REC'D BY LOCAL REG. DEC 4 1951	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Glen W. Katz
3737

Licensed Embalmer No. _____

P. O. Address _____

St. Louis Mo

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.