S. No. 300
v. 10-48

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39899

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10859

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2192
d. STREET ADDRESS (If rural, give location) 19 3733 Lindell Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle)
c. (Last) WEISS

4. DATE OF DEATH (Month) 12 (Day) 6 (Year) 51

5. SEX Male D
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 1, 1872
9. AGE (In years last birthday) 59 — 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) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Paramont Filmm
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Frank Weiss
13b. MOTHER'S MAIDEN NAME Anna Krause
14. NAME OF HUSBAND OR WIFE Ora Mae Wiess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War # 1
16. SOCIAL SECURITY NO. 494-10-9044
17. INFORMANT'S SIGNATURE OR NAME Ora Mae Weiss ADDRESS 3733 Lindell Blvd.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNDIFFERENTIATED CARCINOMA OF LUNG — INTERVAL BETWEEN ONSET AND DEATH ? 6 MONTHS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PNEUMONIA * SEVERAL EPISODES — 2 MONTHS
DUE TO (c) DIABETES MELLITUS — 9 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 163x
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/12, 1951, *to* 12/6, 1951, *that I last saw the deceased alive on* 12/6/, 1951, *and that death occurred at* 3:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE G. B. Rader (Degree or title) M.D.
23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 12/6/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12-8-51
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Flora Illinois (State)

DATE REC'D BY LOCAL REG. DEC 7 1951
REGISTRAR'S SIGNATURE J Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Charles F. Stuart ADDRESS 1225 Union

m x 3

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McNary

Licensed Embalmer No. 3732

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.