

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30172

FILED SEP 8 - 1952

State File No. 1003  
Registrar's No. 8186

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY 2249   |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis 0   |  | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Jewish Hospital   |  | d. STREET ADDRESS (If rural, give location) 224 2645 Chippewa St.   |  |
| 3. NAME OF DECEASED<br>a. (First) Mamie  |  | b. (Middle) M.  | c. (Last) Weiss  |
| 4. DATE OF DEATH (Month) (Day) (Year) 8/27/52  |  |   |  |
| 5. SEX Female  | 6. COLOR OR RACE White   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow  | 8. DATE OF BIRTH June 17, 1889   |
| 9. AGE (In years last birthday) 63   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0  | 12. CITIZEN OF WHAT COUNTRY? USA   |
| 13a. FATHER'S NAME John Cinnater   | 13b. MOTHER'S MAIDEN NAME Mary Murray  | 14. NAME OF HUSBAND OR WIFE Oscar   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No   | 16. SOCIAL SECURITY NO. ---  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maggie Humpert--1308 S. 6th St.   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.    |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxicity of Cancer due to Leiomyo Sarcoma<br>ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fibroid with Sarcomatous degeneration of the uterus<br>DUE TO (c)<br>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 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) m.                               |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 21f. HOW DID INJURY OCCUR? 174X  |   |  |
| 22. I hereby certify that I attended the deceased from Dec. 28, 1951, to Aug. 27, 1952, that I last saw the deceased alive on 8/27/52, 1952, and that death occurred at 7:15 a.m., from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE Thora Stewart wife of Chas. B. Bely   |  | 23b. ADDRESS  | 23c. DATE SIGNED 8/29/52   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial   | 24b. DATE 8/30/52  | 24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.   | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri                |
| DATE REC'D BY LOCAL REG. AUG 29 1952   | REGISTRAR'S SIGNATURE J. Carl Smith  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Hilderle 3634 Gravois   |  |

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 \_\_\_\_\_

Licensed Embalmer No. 645

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.