

FILED JUN 8 1954

STANDARD CERTIFICATE OF DEATH

State File No.

17470

BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 547

Registrar's No. 1227

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>3 wks.</u>		c. CITY OR TOWN <u>Maplewood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3105 Edgar Ave.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u>			b. (Middle) <u>E.</u>		c. (Last) <u>WEISS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 24, 1954</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-15-1895</u>		9. AGE (In years last birthday) <u>58</u>	10. MONTHS <u>7</u>	11. YEAR <u>9</u>	12. IF UNDER 14 HRS. Hours <u></u>	13. IF UNDER 14 HRS. Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Spec. Del. Messenger</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Gov't</u>		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <u>St. Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Emil Weiss</u>			13b. MOTHER'S MAIDEN NAME <u>Elise Schneider</u>			14. NAME OF HUSBAND OR WIFE <u>Lorraine Ude Weiss</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes WW I</u>			16. SOCIAL SECURITY NO. <u>46175</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lorraine Weiss, above</u>			ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>8 wks</u>	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subacute bacterial Endocarditis</u>						
				ANTECEDENT CAUSES						
				*This does not mean the mode of dying, such as heart failure, asthma, 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 (b) <u>Hemolytic Staph Aureus</u>						
				DUE TO (c)						
				II. OTHER SIGNIFICANT CONDITIONS						
				Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>						
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>0531</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?					
22. I hereby certify that I attended the deceased from <u>Mar.</u> , 1954, to <u>May 24</u> , 1954, that I last saw the deceased alive <u>May 24</u> , 1954, and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>William C. Kasper J.D.</u>				23b. ADDRESS <u>4161 Sundee</u>			23c. DATE SIGNED <u>5/25/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>5/26/54</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Stankel</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B. SMITH, Maplewood, Mo.</u>			ADDRESS		

(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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. P. Burgess*.....

Licensed Embalmer No. *402*.....

P. O. Address *Maple*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.