

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29303

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7588**

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 65 years		d. STREET ADDRESS (If rural, give location) 24 3011 Keokuk Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3011 Keokuk Street			

3. NAME OF DECEASED (Type or Print) WILLIAM	a. (First)	b. (Middle) W.	c. (Last) WEISZ	4. DATE OF DEATH August 15, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 10, 1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler	10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Konrad Weisz	13b. MOTHER'S MAIDEN NAME Elisa Schepp	14. NAME OF HUSBAND OR WIFE Annette Wendemuth
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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) no	16. SOCIAL SECURITY NO. 488-01-8941	17. INFORMANT'S SIGNATURE OR NAME William Weisz Jr.	ADDRESS 3011 Keokuk Street
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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		INTERVAL BETWEEN ONSET AND DEATH 6 months
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)		
	DUE TO (c) Cancer of rt lung		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis of liver		years

19a. DATE OF OPERATION June 54	19b. MAJOR FINDINGS OF OPERATION confirming diagnosis: THORACOCENTESIS, Bronchoscopy (P.R.M.N. - DeLoes Hospital)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 163X
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22. I hereby certify that I attended the deceased from **May**, 19**52**, to **8-13**, 19**54**, that I last saw the deceased alive on **8-13**, 19**54**, and that death occurred at **9:45A.m.**, from the causes and on the date stated above.

23a. SIGNATURE Maximilian Weitzman, M.D.	(Degree or title)	23b. ADDRESS 3530 ARSENAL, St. Louis	23c. DATE SIGNED 8-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE August 18, 1954	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. AUG 17 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. Inc.	ADDRESS 1936 St. Louis Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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

3530 Artnal Street
PR 3-1210
After 1:00 PM Mon.

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. 4520

P. O. Address J. Louis, ?

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.