

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 428

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 town) <u>Clayton, Missouri</u>		c. LENGTH OF STAY (in this place) <u>D.O.A.</u>	c. CITY OR TOWN <u>Wellston 4301</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1800a Timberlake Avenue,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Erhardt</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Weiss</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February, 13, 1956.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 16, 1893.</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Office Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Consolidated Coal Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Erhardt A. Weiss</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Hellmann</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Marie B. Weiss</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give year of date of service) <u>W.W. 1st</u>	16. SOCIAL SECURITY NO. <u>494-07-6004</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Marie B. Weiss</u>	ADDRESS <u>1800a Timberlake Ave.,</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u>		
DUE TO (c) _____		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 <u>4200</u>	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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 1/11, 1956, to 2/17, 1956, that I last saw the deceased alive on 02/14, 1956, and that death occurred at 11:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert R. Smith M.D.</u> (Degree or title)	23b. ADDRESS <u>114 N. Taylor</u>	23c. DATE SIGNED <u>2/15/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-16-1956.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-14-56</u>	REGISTRAR'S SIGNATURE <u>Robert R. Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Math. Hermann &amp; Son Inc.</u>	ADDRESS <u>2161 E. Fair Ave.</u>
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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 *Thos W. Nag* .....  
Student Embalmer No. ....

Licensed Embalmer No. *373* .....

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