

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
18146

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1002
City St. Louis (No. City Infirmary) St. Ward

File No. 5122
Registered No. St. Ward

2. FULL NAME

Weiss, Joseph
(a) Residence, No. 5800 Arsenal St. 13 Ward D
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 10
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoe maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real estate salesman
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 10

FATHER 13. NAME Joseph Weiss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 11

MOTHER 15. MAIDEN NAME Mary Bunngartner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT (ADDRESS) M. Effinger - 5800 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE May 28 1932

19. UNDERTAKER (ADDRESS) Math. Hermann and Son
501 East Fairview

20. FILED MAY 27 1932 Max Starobin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27 1932
22. I HEREBY CERTIFY, That I attended deceased from 5/22 1932 to 5/26 1932
I last saw him alive on 5/26 1932. Death is said to have occurred on the date stated above, at 8:00 am.
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Decompensation Date of onset 5/23
930 930
950 930
Other contributory causes of importance: Chronic Myocarditis D

Name of operation Date of
What test confirmed diagnosis? Blind Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) J. Medeman M. D.
(Address) Isolation Hospital

TOP
SECRET