WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

FEB 11 1933

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

Do not use this space.

3668

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 912

City St. Louis (No. 5723 Kingsbury St. ..... Ward)

2. FULL NAME Samuel Weiss

(a) Residence, No. ..... St., 5 Ward. .....
(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Goldman Weiss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk

7. AGE YEARS ab 65 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail shoes

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

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) Poland

FATHER

13. NAME Leon Weiss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER

15. MAIDEN NAME Gertrude (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Wm. Weiss 6452 Alamo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Ceb DATE 1/26 1936

19. UNDERTAKER (ADDRESS) H. B. Berger 4715 McPherson

20. FILED JAN 25 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1936, to Jan 24, 1936

I last saw him alive on Jan 24, 1936. Death is said to have occurred on the date stated above, at 9:32 P.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 1/20/36

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Other contributory causes of importance:

hyp. cordis, acute arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Ex. Was there an autopsy? —

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) A. G. Margulis, M. D.

(Address) University Hot Bldg