

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D OCT 12 1938

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

30393
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **7830**
(c) City **St Louis** (d) Street No. **1517** **Obear Av.** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **60** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Marie Weiss**

(a) Residence, No. **1517 Obear Av.** St. **9**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 2 - 1855**
7. AGE YEARS **83** MONTHS **1** DAYS **1** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **House Work**
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) **Ger.**

FATHER 13. NAME **John Fiestetter**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ger.**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ger.**

17. INFORMANT **Geo. Weiss**
(ADDRESS) **1517 Obear**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary** DATE **Sept. 6 1938**

19. FUNERAL DIRECTOR (NAME) **Bronsbury Union**
(ADDRESS) **4746 W. Florissant Ave**

20. FILED **SEP - 4 1938**
J. B. Pichler
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEPT 3 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 29 1938** to **Sept 3 1938**
I last saw her alive on **Sept 3 1938** Death is said to have occurred on the date stated above, at **2:20 p.m.**
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Terminal Bronchopneumonia
Date of onset **8/29/38**
9/1/38

Other contributory causes of importance:
Arteriosclerotic Heart Disease

Name of operation Date of
What test confirmed diagnosis? **Chapel Uro** 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) **Charles J. Martin**, M. D.
(Address) **3911 Elm Ave**

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Guy W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.