

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2163

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural Township Carondelet
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 9 Box 330 Cliff Cave Rd. Lemay, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. RFD. Cliff Cave Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Charles Weiss
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 1
year 1939 hour OK minute OK M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased Unknown
(Month) (Day) (Year)
8. AGE: Years About 63 Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death
Suicide by hanging
Due to Strangulation
Due to _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk Grocery
11. Industry or business Retired

Other conditions (Include pregnancy within 3 months of death) 165
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name Unknown
18. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence about 12/1/39
(c) Where did injury occur? Lemay
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

16. (a) Informant's own signature Ed Early
(b) Address RFD. Lemay, Missouri
17. (a) RURAL (b) Date thereof DEC. 12-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SP. R. N. T. LUTHERANI

While at work? No (Specify type of place) Means of injury Hanging
13. Signature John O. Lowell (M. D. or other)
Address Home in Lemay Date signed 12/3/39

18. (a) Signature of funeral director C. Hoffmeister
(b) Address 7814 S. Broadway
19. (a) DEC 9 - 1939 (b) C. H. Meyer
(Date received local registrar) (Registrar's signature)

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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