

16112/

N.B.—Every item of information should be carefully planned. 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

50 MAY 8 1940

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 856

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
New St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether _____)

In this community _____
(years, months or days)

8. (a) PRINT FULL NAME ROSALIA M. WEISS

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis A. Weiss

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 24 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>1</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Henry J. Grothaus

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Noelker

15. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis A. Weiss

(b) Address 4415 So. Compton Av.

17. (a) Burial (b) Date thereof May 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. H. ...

(b) Address 2842 Meramec St.

19. (a) MAY - 2 1940 (b) DR. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4415 So. Compton Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1940 hour 5 minute 14 P. M.

21. I hereby certify that I attended the deceased from November 15, 1938, to April 30, 1940;
that I last saw him alive on April 30, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 10 days
Toxic myocarditis
Due to Pyelo-Nephritis 3 1/2 weeks

Other conditions 1330
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy as above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature H. H. Stevens (M.D. or other) M.D.
Address 5202 Brown Date signed 5-1-40

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.....

Robert F. Gebken

Registered Apprentice No. 1870

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St.
St. Louis, Mo.

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.