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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 331640
Registrar's No. 1680

Registration District No. 784

Primary Registration District No. 111

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:
7324 Oakland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 7324 Oakland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Madeline Weiss

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Robert Weiss 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 17th 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 14 _____ hr. _____ min.

9. Birthplace France ?
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife ?

11. Industry or business _____

12. Name Unknown Kinderstuth ?

13. Birthplace France ?
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Rose Seba
(b) Address 7324 Oakland Ave.

17. (a) Burial (b) Date thereof 9-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd

19. (a) SEP - 4 1940 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th
year 1940 hour 12:40 minute A.M. M.

21. I hereby certify that I attended the deceased from June 15th 1937 to Aug Sept 3rd 1940
that I last saw her alive on Sept 3rd 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days
Due to Chl. Carolis, vascular renal disease with hypertension
Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 731
Of operations _____
Of autopsy _____
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? _____

(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature Harold F. ... (M. D. or other) _____
Address 6816 ... Date signed 9/4/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

276

2816 Ruthe
His 65-62-35
2-4

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 *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

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, fact should be so stated above.