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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 120880

Registration District No. 184 Primary Registration District No. 115 Registrar's No. 704

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

96
3
5

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
6321 Washington Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6321 Washington 5
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ALBERT FRANK WEISS

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Vera Weiss

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased February 1 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	1	29	hr. min.

9. Birthplace Iowa City Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation President Mo. Mfg. Co.

11. Industry or business auto accessories

FATHER
12. Name Joseph Weiss
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Conrad
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant ~~Valhalla Crematory~~ Vera Weiss
(b) Address 6321 Washington 1

17. (a) cremation (b) Date thereof 4/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) APR 1 1941 (b) T R Meyer M.D. PH
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1941 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from November
, 1937, to death, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	
Due to Inanition	
Due to Carcinoma of Sigmoid c̄ generalized metastases	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46 P	
Of autopsy	

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

23. Signature Charles N. Duden (M. D. or other) 10
Address 3120 Washington Ave. Date signed Mar 31 41

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(Licensed Embalmer's Statement on Reverse Side)

Dr Chas Dunlem } 3720 Washington
Je 4511
9-12 AM.
1011-17

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar St Louis Mo

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

If this body is not embalmed, fact should be so stated above.