

FILED NOV 24 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8012

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1431 Amherst Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 000
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 1431 Amherst Terrace
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1941 hour 11.10 minute A.M. M.

21. I hereby certify that I attended the deceased from Sept 19
1941 to Oct 6 1941
that I last saw him alive on Oct 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Paralysis Duration sudden

Due to Cirrhosis of Liver indefinite

Due to Intestinal obstruction

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy no

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) (Means of injury)

23. Signature Harry K Meyer (M. D. or other) [Signature]
Address 4903 Delmar Date signed 10/7/41

3. (a) PRINT FULL NAME Gustave J. Weis.

3. (b) If veteran, name war No 3. (c) Social Security 490-12-9841

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Nora Weis 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov. 25, 1870.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>10</u>	<u>11</u>	hr. min.

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

10. Usual occupation Plumber

11. Industry or business

12. Name John Weis

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

14. Maiden name Pauline Sontag

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

16. (a) Informant Mrs. Nora Weis

(b) Address 1431 Amherst Terrace

17. (a) Burial (b) Date thereof Oct. 9/41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) OCT 7 1941 (b) J. M. Redisch
(Date received local registrar) (Registrar's signature)

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

106
1-9-99

[Signature]

Dr. Harry Meyer,
Roosevelt Bldg.,

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.....

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.,

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.