

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ALSO OCT 1 1942 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

29279

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. **7812**

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:
Christian Hospital 6
(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 39 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9119 Flora Ave
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18th.
year 1942 hour 1:30 PM minute..... M.
21. I hereby certify that I attended the deceased from Sept. 4, 1942
to Sept. 18, 1942
that I last saw him alive on Sept. 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular and
disorder with Hypertension Duration by w. +

3. (a) PRINT FULL NAME Flora 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 Married

6. (b) Name of husband or wife Jacob Weiss 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January 12, 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Unknown Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation A t home

11. Industry or business.....

12. Name Fred Urban

13. Birthplace Unknown Hungary 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob Weiss

(b) Address 9119 Flora Ave Overland, Mo

17. (a) Burial (b) Date thereof 9/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 18 1942 (b) J. J. Bruck
(Date received local registration) (Registrar's signature)

Due to.....
Due to.....

Other conditions Epilepsy
the left lower lobe lobes pneumonia 23 yr
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
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?
While at work? (Specify type of place) (b) Means of injury.....

23. Signature O. E. Lohley (M. D. or other) MD

Address 4222 N. Grand Date signed 9-19-42

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

SEP 20 1942

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..... *Francis C. Williamson*

Licensed Embalmer No..... *3565*

P. O. Address..... *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, fact should be so stated above.