V. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32550

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8794

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 days (Specify whether
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

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

(d) Street No. 5221 Lisette
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Katherine Weis

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph Weis

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

7. Birth date of deceased December (Month) 25 (Day) 1866 (Year)

8. AGE: Years 75 Months 9 Days 27 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name George Schmidt
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Louise Dietrich
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Theresa Geiss
(b) Address 5221 Lisette

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10 26 42 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Nacker-Helderle Und. Co.
(b) Address 3634 Gravois Avenue

19. (a) OCT 23 1942 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1, 1942 to Oct 22, 1942
that I last saw her alive on Oct 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	?
Chronic Nephritis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Fracture of Hip (Left)	
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) Accident 000

(b) Date of occurrence Sept 1 1942

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury fall

23. Signature H. A. Schmiemer (M. D. or other)

Address 6811a Gravois Date signed 10/23/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.