

ED JAN 21 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 382

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:
912 Penrose St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... No (Specify whether
In this community... 35 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 912 Penrose St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Weiss

3. (b) If veteran, name war Nil 3. (c) Social Security No. 498-16-2990

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

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive... 56 years

7. Birth date of deceased Nov. 15 1877
(Month) (Day) (Year)

8. AGE: Years Months Days 28 If less than one day
65 1 15 hr. min.

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

10. Usual occupation Cabinet Maker

11. Industry or business St. Louis Furn. Workers Assc.

12. Name John Weiss

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

14. Maiden name Anna Lash

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

16. (a) Informant Anna Weiss

(b) Address 912 Penrose St.

17. (a) Burial (b) Date thereof Jan. Sat. 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) JAN 14 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1943 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 11 1942 to Jan 13 1943
that I last saw him alive on Jan 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 12-11-41

Due to Chronic Nephritis 12-11-41

Due to.....

Other conditions (Include pregnancy within 3 months of death) 131

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) (Specify type of injury).....

23. Signature W. E. Smith (M.D. or other) M.D.
Address 380 N. 2nd St. Date signed 1-15-43

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

MOTHER FATHER

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.....

Alfred J. Brodeur

Licensed Embalmer No. *2663*

P. O. Address *5934 Alpha*

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.