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FILED APR 3 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2375**

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

**1. PLACE OF DEATH:**

(a) County St. Louis.

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

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

(d) Length of stay: In hospital or institution 3 Weeks  
(Specify whether years, months or days)

In this community 0  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri. (b) County 039

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

(d) Street No. 4847a St. Louis Ave.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

**3. (a) PRINT FULL NAME** Fred Weiss

**3. (b) If veteran,** name war No. **(c) Social Security No.** 489-01-9189

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

**6. (b) Name of husband or wife** Eunice Weiss **6. (c) Age of husband or wife if alive** 38 years

**7. Birth date of deceased** May 2 1901  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>41</u>	<u>10</u>	<u>22</u>	hr. <u>0</u> min. <u>0</u>

**9. Birthplace** St. Louis, Missouri. 0  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Foreman

**11. Industry or business** Hussman Ligonier

**12. Name** Fred Weiss

**13. Birthplace** St. Louis, Missouri. 0  
(City, town, or county) (State or foreign country)

**14. Maiden name** Ida Haas

**15. Birthplace** St. Louis, Missouri. 0  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Funice Weiss.

**(b) Address** 4847a St. Louis Ave.

**17. (a) Burial** 0 **(b) Date thereof** 3-27-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Concordia Cem.

**18. (a) Signature of funeral director** Hy. Leidner Und. Co.

**(b) Address** 2223 St. Louis Ave.

**19. (a) Date received local registrar's certificate** MAR 28 1943 **(b) Registrar's signature** J. F. Bredeck

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March day 24 year 1943 hour 2 minute 45 P. M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

*Immediate cause of death: Subdural hemorrhage of the brain when the automobile operated on one of the streets of the city about 15 feet north of Sacramento Ave on Fair about 2 am 3-4-43*

**Other conditions** 0  
(Include pregnancy within 3 months of death)

**Major findings:** 170

**Of operations:** 0

**Of autopsy:** 0

**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 00?

(b) Date of occurrence 3-4-43

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

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

While at work? No (e) Means of injury \_\_\_\_\_

**23. Signature** James P. Fitzsimmons (M. D. or other) 0

**Address** 1300 6th **Date signed** 3/26/43

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**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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 Solano 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.