

FILED MAR 13 1944

Registration District No. **318** Primary Registration District No. **100** Registrar's No. **2200**

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:
921 Morrison Ave. /
(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 Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 921 Morrison Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Max Weil

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Sadie Weil 6. (c) Age of husband or wife if alive 82 years
Mar. 27 1851

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 11 8
hr. min.

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

10. Usual occupation Retired

11. Industry or business Dry Goods Merchant

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Harry Weil
(b) Address 5553 Pershing

17. (a) Burial (b) Date thereof 3-7-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Norman Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) MAR 6 1944 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1944 hour 8:30 minute 17 A. M.

21. I hereby certify that I attended the deceased from March 2-7-44 to March 5-44
that I last saw him alive on March 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Due to Arterio Sclerosis

Due to _____
Other conditions (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? _____

23. Signature E. J. Mays (Specify type of place) (e) Means of injury 0
Address 3115 Grand Date signed 3/6/44

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

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 Ketter*

Licensed Embalmer No. *3830*

P. O. Address. *4350 Washington*

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.