S. No. 2
M—2-43
5-17-39
1. X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5873

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1963

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:
4719 Kossuth Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

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. 4719 Kossuth Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edna Anna Weiss

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November 11, 1904. (Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days 15 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name William Weiss

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

14. Maiden name Edna Meinemann

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

16. (a) Informant Mr. William Weiss
(b) Address 4719 Kossuth Ave.

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof Marchl, 1944. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME
(b) Address 4828 Natural Bridge Blvd.

19. (a) FEB 28 1944 (Date received local registrar) J. P. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th year 1944 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 14-44, 19..., to Feb. 27, 1944 that I last saw her alive on Feb. 27, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	16 days.
Due to: attack of grippe	Feb. 14-
Due to:	
Other conditions (Include pregnancy within 3 months of death): Abscess left lung following pneumonia last May.	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Peter A. Eck M.D. (M. D. or other)
Address 4701 St Louis Ave. Date signed 2/28/44

(Licensed Embalmer's Statement on Reverse Side)

Marcus & St Louis

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 A. Mlinar

Licensed Embalmer No. 4186.

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.