3. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40316

Registrar's No. 11050

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 Missouri Baptist
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gardenville

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

(d) Street No. 8003 Gravois Ave.
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary B. Weiss

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mathias

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

7. Birth date of deceased April 7, 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	7	22	hr. min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER

12. Name Unknown Wandel

13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Clara Lambeth

(b) Address 8003 Gravois Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/47 (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Walter Helderle

(b) Address 3634 Gravois Ave

19. (a) DEC 2 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1947 hour 8 minute 42 P. M.

21. I hereby certify that I attended the deceased from 11-29, 1947 to 11-29, 1947; that I last saw he alive on 11-29, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetic Coma	
Due to Diabetes Mellitus uncontrolled	
Due to Possible Head Injury ???	
Other conditions Generalized Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(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 [illegible] M.D. (M. D. or other)

Address 3258 Lafayette Date signed 12-1-47

Jefferson City Printing Co.

(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.....Frank J. Dyland

Licensed Embalmer No.....2645

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.