FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 21455

Registrar's No. 5612

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: Lutheran Hospital 0
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 1½ days (Specify whether years, months or days)

In this community 73 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 5837 Devonshire 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Dr. William A. Weis

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Mrs. Bertha A. Weis

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: February (Month) 26th, (Day) 1875 (Year)

8. AGE: Years 73 | Months 3 | Days 24 | If less than one day ... hr. ... min.

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

10. Usual occupation: Dentist

11. Industry or business: Self

FATHER
12. Name: Anton Weis
13. Birthplace: Otto (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name: Gertrude Powell
15. Birthplace: Galena (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant: Mrs. Bertha Weis
(b) Address: 5837 Devonshire

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director: Beiderwieden F.H. Inc.
(b) Address: 1936 St. Louis Avenue

19. (a) JUN 22 1948 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th year 1948 hour 7 minute 18 A. M.

21. I hereby certify that I attended the deceased from Feb. 14th, 1948 to June 20th, 1948 that I last saw him alive on June 20th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lympho Sarcoma	4 Mo.
Due to:	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No
Of autopsy: Lympho Sarcoma

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)
(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 0

23. Signature: W. N. Walters M.D. (M.D. or other)
Address: 3608 S. Grand Blvd. Date signed 6/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Neal H. Parkson

Licensed Embalmer No. 4114

P. O. Address 1936 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.