

5-43
7-39
X36672

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Josephine Heitkamp Hospital
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Josephine Mary Weiss
(b) If veteran, name war _____ (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife August Weiss (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March 8, 1880 (Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Perry County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Barney Zollner
13. Birthplace Perry County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Theresa Lappas
15. Birthplace Perry County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant August Weiss
(b) Address Biehle, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Biehle Catholic Cem.

18. (a) Signature of funeral director Ben Funeral Home
(b) Address St. Louis, Mo.

19. (a) AUG 6 - 1948 (Date received local registrar) (b) J. Bredick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Perry
(c) City or town Biehle
(d) Street No. R. 1 (If outside city or town limits, write "RURAL")
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 1st year 1948 hour 5 minute 25 P.M.
21. I hereby certify that I attended the deceased from 6-30 1948, to 8-1-1948
that I last saw her alive on 8-1-1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Myocarditis
Due to Hypertension (Essential)
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? _____
While at work? _____ (Specify type of place)
(e) Means of injury 2
23. Signature Herman Klauke (M. D. or other) MD
Address 4621 Biehle Rd. Date signed 8-2-48

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

6708 EP6 211 MAR 9
DEC 21 1948

MS SEP 1 1948

SEP 21 1948

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..... *Albert Bey*

Licensed Embalmer No. *3866*

P. O. Address..... *Perryville, 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.