

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24825
Registrar's No. 6793

FILED AUG 12 1948
Registration District No. 318

Primary Registration District No. 1003

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:
2105 Palm St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... None
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County..... 000
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2105 Palm St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3: (a) PRINT FULL NAME..... Mary Weiss
3. (b) If veteran, name war..... None
3. (c) Social Security No. None
4. Sex..... Female 5. Color or race..... White
6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Charles W. Weiss
6. (c) Age of husband or wife if alive..... 85 years
7. Birth date of deceased..... December 17, 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31, year 1948 hour 1:45 AM minute..... M.
I hereby certify that I attended the deceased from July 1, 1948 to July 31, 1948
that I last saw him alive on July 31, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
83 7 14 hr. min.

Immediate cause of death..... Chronic Myocarditis
Due to..... Arteriosclerosis
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace..... Unknown Germany
(City, town, or county) (State or foreign country)
10. Usual occupation..... At home
11. Industry or business.....
12. Name..... John D. Schone
13. Birthplace..... Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Unknown Germany
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant..... Miss Lily A. Weiss
(b) Address..... 2105 Palm St.
17. (a) Burial (b) Date thereof..... 8/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Hiram Park Cemetery
18. (a) Signature of funeral director..... Math Hermann & Son, Inc.
(b) Address..... 2161 East Fair Ave.
19. (a) AUG 2 - 1948 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

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.....
23. Signature..... Alumett Dyma M.D. or other.....
Address..... 3822 N. 2nd St. State signed..... 7/31/48

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 Allen W. Hatz

Licensed Embalmer No. 0 3737

P. O. Address 2161 E. Fair

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.