FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 25072

Registrar's No. 1884

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Jeffersom Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veteram's Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75 days (Specify whether years, months or days)

In this community 29 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: [redacted]

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

(d) Street No.: 5457 Thrush
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: WEISS, Edwin Herman

3. (b) If veteran, name war: WW-II

3. (c) Social Security No.: 491-12-5462

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Anna Weiss

6. (c) Age of husband or wife if alive: 28 years

7. Birth date of deceased: April 5, 1919 (Month) (Day) (Year)

8. AGE: Years 29 Months 3 Days 27 If less than one day ____ hr. ____ min.

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

10. Usual occupation: Sheet metal worker

11. Industry or business: –

MOTHER FATHER

12. Name: Frank Weiss

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

14. Maiden name: Louisa Bernzen

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

16. (a) Informant: Registrar, VAH

(b) Address: Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 5, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Bromschwig Fun.Home

(b) Address: 4746 W.Florissant, St.Louis, Mo.

19. (a) 8-7-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2 year 1948 hour 7:25 minute p.M.

21. I hereby certify that I attended the deceased from May 19, 1948, to August 2, 1948; that I last saw him alive on August 2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
MYELOGENOUS LEUKEMIA	unk.
Due to ANEMIA	Unk.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

740

Major findings:
Of operations: none
Of autopsy: none

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): no

(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) Means of injury

23. Signature: L. E. Stilwell (M. D.)

Address: VAH, Jeff.Brks., Mo. Date signed: 8/3/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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 Gustav W. Dieterle

Licensed Embalmer No. 4329

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.