

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15287

Registrar's No. 938

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069**

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>California</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Richmond Heights</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Alhambra</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Mary's Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>432 North Bushnell</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Anna</i>	b. (Middle) <i>T.</i>	c. (Last) <i>Weiss</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Apr. 9, 1950</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Apr. 25, 1869</i>	9. AGE (In years last birthday) <i>80</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Kilkenny Ireland</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>James Madigan</i>	13b. MOTHER'S MAIDEN NAME <i>Ellen Tyrel</i>	14. NAME OF HUSBAND OR WIFE <i>Fred C. Weiss</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. R. Mueller</i>	ADDRESS <i>2980 Ridgeview Dr.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio Sclerosis</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>331X</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from *4-7* 19*50*, to *4-9*, 19*50*, that I last saw the deceased alive on *4-9*, 19*50*, and that death occurred at *2:19* p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Rev. Kelly</i> (Degree or title)	23b. ADDRESS <i>8105 1st Blvd</i>	23c. DATE SIGNED <i>4-11-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL VIA ATR</i>	24b. DATE <i>4/12/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	24d. LOCATION (City, town, or county) (State) <i>Monterey Calif.</i>
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DATE REC'D BY LOCAL REG. <i>4-11-50</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Doube MA</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Stroot Carroll</i>	ADDRESS <i>4600 Natl. Bridge</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
4005

Mr. J. O. J.

Monday

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.