

FILED AUG 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25800**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2755**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) **1225 Blue Grass Drive**
St. Louis, Mo.
c. LENGTH OF STAY (in this place) **1 YR.**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **None 1225 Blue Grass**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Missouri**
b. COUNTY **St. Louis**
c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**
d. STREET ADDRESS (If rural, give location) **1225 Blue Grass Drive**
4050

3. NAME OF DECEASED
a. (First) **Alma**
b. (Middle) **R.**
c. (Last) **Weis**
4. DATE OF DEATH (Month) (Day) (Year) **July 23 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **0** 8. DATE OF BIRTH **5/8/45** 9. AGE (In years last birthday) **6** 9. AGE (In years last birthday) **6** 10 UNDER 1 YEAR: Months **2** Days **15** 10 UNDER 1 YEAR: Hours **15** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **STUDENT** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Denver, Colo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Robert A. Weis** 13b. MOTHER'S MAIDEN NAME **Virginia Putman** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Robert A. Weis** ADDRESS **1225 Blue Grass Dr**

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) **cause unknown**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **795.5**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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).

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Robert R. Lomke** (Degree or title) _____ 23b. ADDRESS **651 S. Brentwood, Clayton, Mo.** 23c. DATE SIGNED **7-25-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7/26/51** 24c. NAME OF CEMETERY OR CREMATORY **St. Peters** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo**

DATE REC'D BY LOCAL REG. **7-25-51** REGISTRAR'S SIGNATURE **Robert A. Lomke Md** 25. FUNERAL DIRECTOR'S SIGNATURE **Provoost Mortuary** ADDRESS **37109 Grand**

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Albert Mayfield

Signed.....
Student Embalmer

Licensed Embalmer No.

3077

P. O. Address

St. Louis

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.