

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **10712**

BIRTH NO. **FILED APR 7 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **257**

1. PLACE OF DEATH a. COUNTY St. Louis County.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN Pine Lawn (20)		c. LENGTH OF STAY (in this place) 20 YEARS	c. CITY OR TOWN Pine Lawn 4151
d. FULL NAME OF HOSPITAL OR INSTITUTION 3902 Council Grove		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 3902 Council Grove		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) A.	c. (Last) WEISS	4. DATE OF DEATH (Month) (Day) (Year) March 24 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 17 1869	9. AGE (In years last birthday) 85 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frederick Weiss	13b. MOTHER'S MAIDEN NAME Gottlobina Funk	14. NAME OF HUSBAND OR WIFE Laura May Weiss
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura Meyer-	ADDRESS 3902 Council Grove (P.L.)
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		2 1/2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation DUE TO (c) arteriosclerosis.		1 year 5 years.
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 4201	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)
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?

22. I hereby certify that I attended the deceased from JAN, 1950, to March, 1954, that I last saw the deceased alive on March 24, 1954, and that death occurred at 2:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE E. E. King	(Degree or title) MD	23b. ADDRESS 2114 E Grand	23c. DATE SIGNED 25 March 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 27 1954	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 3/26/54	REGISTRAR'S SIGNATURE Hester B. Ankeny	25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc.	ADDRESS 1936 St. Louis Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

Dr. E. E. King
2114 East Grand Ave.
No Hrs. Wed.

2:30 - 4:00 - 7:00 - 8:00

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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 45

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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