

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

State File No. **36378**
Registrar's No. **9264**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 9264 | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | | | e. STREET ADDRESS (If rural, give location) 2109 S 4241 Linton Avenue. | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Gustav b. (Middle) H. c. (Last) Weiss. | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1956. | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH February 19, 1882. | | |
| 9. AGE (In years last birthday) 74 | | IF UNDER 1 YEAR Months _____ | | IF UNDER 24 HRS. Days _____ | | IF UNDER 12 HRS. Hours _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Fireman | | | 10b. KIND OF BUSINESS OR INDUSTRY Fireman | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri. | | 12. CITIZEN OF WHAT COUNTRY? USA. | |
| 13a. FATHER'S NAME William Weiss. | | | 13b. MOTHER'S MAIDEN NAME Marie Heim. | | | 14. NAME OF HUSBAND OR WIFE Mrs. Mary Wolf. | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Weiss, 4241 Linton Avenue. | | | | |
| 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, asphemia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma, Right Lung 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. | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 months | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 162x | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 August 9, 1956 , to October 10, 1956 , that I last saw the deceased alive on October 10, 1956 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Jack M. Estes, M.D. | | | | 23b. ADDRESS 8307 Jennings Rd. St. Louis 21, Mo | | 23c. DATE SIGNED 10-10-56 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Oct. 13, 1956. | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri. | | |
| DATE REC'D BY LOCAL REG. OCT 11 1956 | | REGISTRAR'S SIGNATURE Pearl Smith MO | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc. 1936 St. Louis Ave. | | | | |

WRITE PLAINLY—USING 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 _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.