

FILED VS OCT 6 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9345 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b		c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2228 Olive St. Lincoln Hotel
3. NAME OF DECEASED (Type or print) First Philip Middle Weiss Last			4. DATE OF DEATH Month September Day 19 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/24/1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?		10b. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (City and state or country) Hungary	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Aldoph Weiss		13b. MOTHER'S MAIDEN NAME Mattie ?		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 157-05-2269	17. INFORMANT Address Bldg. Oscar G. Schaefer P.A. Civil Cts.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Fracture of Left Hip**

DUE TO (b) **Generalized Arterio sclerosis**

DUE TO (c) **903.4-44**

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Give nature of injury in PART I or PART II or (18).)
Suffered when fell and struck in ground at #30 No 18th St

20c. TIME OF INJURY
Hour **8** 15 60
Month, Day, Year **15th 1960**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
25 Park

20f. CITY, TOWN, OR LOCATION
St. Louis Mo

21. I attended the deceased from **700R** to **her** and last saw him alive on **the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE
Patrick J. Taylor Coroner

22b. ADDRESS
1300 Clark

22c. DATE SIGNED
9-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
9/26/1960

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State)
Normandy, Missouri

24. FUNERAL DIRECTOR
Morrell Mortuary

24. ADDRESS
3710 North Grand Blvd

25. DATE RECD. BY LOCAL REG.
SEP 23 1960

26. REGISTRAR'S SIGNATURE
Loan Smith. M.D.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Loren B. Percy
Licensed Embalmer No. 4094

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.