

Registration District No.

818 Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Paul David Weiss

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Weiss 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 10 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 21 _____ hr. _____ min.

9. Birthplace Saxony Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business In Mines

12. Name Gottfried Weiss
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Rosie Germer
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Wilfred Weiss
(b) Address 3618 Natural Bridge

17. (a) Removal (b) Date thereof 7-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Staunton, Illinois
Albert H. Hoppe

18. (a) Signature of funeral director 4700 Washington Blvd.
(b) Address

19. (a) JUL 5 1944 (b) J. F. Bralley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin
(c) City or town Staunton
(If outside city or town limits, write "RURAL")
(d) Street No. 303 N. Edwardsville
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1944 hour 1:45 minute 0 M.

21. I hereby certify that I attended the deceased from June 24, 1944, to July 1, 1944.
that I last saw him alive on July 1, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism
Duration _____

Due to _____
Due to _____
52 a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of kidney metastatic to uterus
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Bralley (M. D. or other) _____
Address BARNES HOSPITAL Date signed 7/2/44

999
11
N.R.C.

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

0-2
4-13
7-39
K37823

5979
6265

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Robert G. Hoppe*

Licensed Embalmer No. *2971*

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.