MAY 29 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 12397

Registered No. 513

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1001

City: St. Joseph, Mo. (No. 918, Sylvania St., Ward)

2. FULL NAME: Jenny Weiner

(a) Residence. No. 918 Sylvania St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 36 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sam Weiner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 19, 1866

7. AGE: Years 62 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Poland

PARENTS

10. NAME OF FATHER: Charles Kinchinski

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Poland

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Poland

14. INFORMANT: Sam Weiner
(Address): 918 Sylvania

15. FILED: April 23, 1928 — John G. Ott, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from March 1 27, 1928, to April 22, 1928, that I last saw her alive on April 22, 1928, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy (Cerebral Hemorrhage) 9 32 A

Total 77

(duration) yrs. mos. 42 ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis

several years (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: 0

IF NOT AT PLACE OF DEATH: House - 918 Sylvania

DID AN OPERATION PRECEDE DEATH? No. DATE OF:

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. M. Zieff, M. D.

4/23, 1928 (Address) 208 Kirkpatrick Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Shaare Sholom — DATE OF BURIAL: April 24, 1928

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.