

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.

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

Do not use this space.

22416

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME Sam. Weinshelbaum

(a) Residence. No..... St., 5 Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**

Male

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

Rose Weinshelbaum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

about 53

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Russia

10. NAME OF FATHER Benjamin Weinshelbaum

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Russia

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Russia

14.INFORMANT
(Address)Benjamin Weinshelbaum
1344 Clara**15.**

FILED

21 1928
H. C. Stanley
REGISTRAR

791

1003

1344 Clara

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)** June - 23 - 1928**17.**

I HEREBY CERTIFY, That I attended deceased from March 1 - 28

, 1928, to June 21 - 1928,

that I last saw deceased alive on June 21, 1928, and that death occurred, on the date stated above, at 6:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage

CONTRIBUTORY (SECONDARY)

(duration) yrs. 10 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

8/ Did an operation precede death? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. Probst

M. D.

, 19 (Address)

453 Taylor

*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**DATE OF BURIAL**

Chevera Kedisha Cem.

June 25 1928

20. UNDERTAKER**ADDRESS**

H. Rindskopf

5216
Belmar

