

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

Do not use this space.

42147

**1. PLACE OF DEATH**

County, St. Louis Registration District No. 1170  
 Township, Richmond Primary Registration District No. 6348 H  
 City, Richmond (No. St. Marys Keop) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 274  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Isadore Weinstein  
 (a) Residence, No. 1055 Suburban Terr. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27, 1905  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 11 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis mo

13. NAME Jacob Weinstein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

15. MAIDEN NAME Anna Einoburg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) J. Weinstein

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shef Emeth 12/7/31

19. UNDERTAKER (ADDRESS) W. D. Berger

20. FILED 12/16 1931 W. D. Berger

62 Jensen Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5, 1931

HEREBY CERTIFY, That I attended deceased from Dec 2, 1931, to Dec 5, 1931.  
 Last saw him alive on Dec 5, 1931. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:  
Nephritis (acute parenchymatous) Date of onset 6/31

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None  
 Where did injury occur? None (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ (Signed) W. D. Berger, M. D.  
 (Address) 6125 1/2 Burtman

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 very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS TO BE FOLLOWS

