

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.

JUL 14 1936

**791
1003**

24287

1. PLACE OF DEATH

County..... Registration District No.
 Township..... Primary Registration District No.
 City St. Louis Mo. No. Barnes Hospital St. Ward)

File No.
 Registered No. **5901**

2. FULL NAME Jacob Weinberg

(a) Residence, No. 203 Delmar St. 5 Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helen Weinberg</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 17 - 1864</u> | | |
| 7. AGE | YEARS <u>72</u> | MONTHS <u>4</u> |
| | YEARS <u>72</u> | MONTHS <u>4</u> |
| | MONTHS <u>4</u> | YEARS <u>20</u> |
| | YEARS <u>72</u> | MONTHS <u>4</u> |
| | MONTHS <u>4</u> | YEARS <u>20</u> |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u> | 11. Total time (years) spent in this occupation..... |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Book keeper</u> | |
| | 10. Date deceased last worked at this occupation (month and year)..... | |
| 12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u> | | |
| FATHER | 13. NAME <u>Isaac Weinberg</u> | 13 |
| | 14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) | |
| MOTHER | 15. MAIDEN NAME <u>Emma Mayfield</u> | 13 |
| | 16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) | |
| 17. INFORMANT <u>L. Steele</u> (ADDRESS) <u>Wassgate Hotel</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Sinai</u> DATE <u>6-9</u> 19 <u>36</u> | | |
| 19. UNDERTAKER <u>H. Rindorf</u> (ADDRESS) <u>5260 Delmar</u> | | |
| 20. FILED <u>JUN 8 1936</u> <u>J. Bredeck</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 7 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-26-1936 to 6-7-1936

I last saw him alive on 6-7-1936. Death is said to have occurred on the date stated above, at 2059 in.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis, recent
Paraneuritic hemorrhage, recent
Edematous hemorrhage, fatal, recent
Pulmonary edema, 2d. remnant
Hemorrhage due to distal
calculus of
renal calculi, fatal
4th intercostal calculus, left
Hypertrophic prostatic
Cystitis

Name of operation Cystostomy Date of 5-29-36

What test confirmed diagnosis? U Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify Pearson's Kellogg
 (Signed) Pearson's Kellogg M. D.
 (Address) BARNES HOSPITAL

