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

Do not use this space.

9638

File No. 2075

Registered No. 2222

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Raw Primary Registration District No. 1002

City Kansas City (No. Menorah Hosp. St. Ward)

2. FULL NAME Aaron Weinstein

(a) Residence, No. 2447 Tracy Ave., 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sylvia Weinstein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not Known

7. AGE: YEARS 46 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

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): Kansas City Missouri

FATHER

13. NAME: Max Weinstein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER

15. MAIDEN NAME: Sarah Moskowitz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Mrs. N. Weinstein 2517 Drury

18. BURIAL, CREMATION, OR REMOVAL PLACE: Sheffield Cem. DATE: 3-19-1937

19. UNDERTAKER (ADDRESS): J. P. Lewis Funeral Home

20. FILED: Mar 18, 1937 M. M. Corcoran, City Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-17-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1937, to 3-17-1937, I last saw h.... alive on 3-17-1937. Death is said to have occurred on the date stated above, at 5:45 P.M.

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

Chronic Myocarditis — Date of onset

93d

Other contributory causes of importance:

Name of operation.... Date of....

What test confirmed diagnosis?.... Was there an autopsy?....

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?....

If so, specify....

(Signed) [illegible], M. D.

(Address) Kansas City Mo

Check or DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.