

FEB 16 1938

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

4112
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
(b) Township Clayton Primary Registration District No. _____ Registered No. 173
(c) City University City (d) Street No. 753 Leland St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Flora Weiss 207
(a) Residence, No. 753 Leland St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Morris L. Weiss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1879

7. AGE YEARS 58 MONTHS 2 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as 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) Bessarabia Roumania

FATHER 13. NAME Mendel Klugman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

MOTHER 15. MAIDEN NAME Rachel Klayman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

17. INFORMANT Mrs. L. Greengard (ADDRESS) 753 Leland

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 1/26 1938

19. FUNERAL DIRECTOR H.B. Berger (ADDRESS) 4715 McPherson

20. FILED 1-26 1938 G.R. Meyer M.D. Jr. P.M. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24, 1938

22. HEREBY CERTIFY, that I attended deceased from July 1, 1937 to January 24, 1938
I last saw him alive on January 15, 1938. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

Neuronal spinal cord. Fall with 3rd dorsal vertebra
Date of onset 7/2/37
Other contributory causes of importance: 546

Name of operation None Date of _____
What test confirmed diagnosis Spinal Was there an autopsy? no

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 _____
(Signed) G. Berger, M. D.
(Address) 4715 McPherson

EV 5510

STATEMENT BY LICENSED EMBALMER

I, Herbert I. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed 

Licensed Embalmer No. 1597

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)