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

DEC 12 1938

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

37615
Do not use this space.

**1. PLACE OF DEATH**

(a) County ..... 1 Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 9942

(c) City St. Louis 1 (d) Street No. Jewish Hospital 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** 245 Ida Weisman

(a) Residence, No. 8224 Toddy St. NR Nellston, Mo. St. Louis County
(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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis Weisman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: About 49 YEARS | MONTHS: ----- | DAYS: ----- | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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): Russia 7

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia 7

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia 7

17. INFORMANT (ADDRESS): William Weisman, 6924 San Bonita

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Chesed Shel Emeth 11-17- 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Herman Rindskopf, 5216 Delmar Blvd.

20. FILED ..... 19 ..... J F Bredeck, Local Registrar.

NOV 17 1938

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1938, to Nov. 16, 1938
I last saw her alive on Nov. 16, 1938. Death is said to have occurred on the date stated above, at 12:00 noon
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pyelonephritis, calculous | |
| 134 | |

Other contributory causes of importance: Reflex Anuria

Name of operation: Nephrotomy Date of 11/7/38
What test confirmed diagnosis? " Was there an autopsy? Wound Exam.

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) Benj F May, M. D.
(Address) 539 N Grand Blvd

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....Chas. Cooper.....

Licensed Embalmer No.....3830.....

P. O. Address.....5216 Delman

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

**If this body is not embalmed, above space should be left blank.**