

Registration District No. 791Primary Registration District No. 1003

1. PLACE OF DEATH:

(LOCAL FILE 710 10/15)

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
DePaul Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days) (UNIK)

3. (a) PRINT

FULL NAME Ida Bleiweiss 4-2-12

8. (b) If veteran,

name war no

8. (c) Social Security

No. no4. Sex female

5. Color or

race white

6. (a) Single, widowed, married,

divorced married

6. (b) Name of husband or wife

Mikel Bleiweiss

6. (c) Age of husband or wife if

alive unk years

7. Birth date of deceased

(unk)

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

ab. 60

hr. _____ min.

9. Birthplace

Kamanetz Podolsk

(City, town, or county)

U.S.S.R.

(State or foreign country)

10. Usual occupation

at home

11. Industry or business

MOTHER

FATHER

12. Name

Harry Siegel

13. Birthplace

(unk)

(City, town, or county)

U.S.S.R.

(State or foreign country)

14. Maiden name

Pessie (unk)

15. Birthplace

(unk)

(City, town, or county)

U.S.S.R.

(State or foreign country)

16. (a) Informant's own signature

M. Bleiweiss

(b) Address

4914 Page

17. (a)

burial

(Burial, cremation, or removal)

(b) Date thereof

1/26/40

(Month) (Day) (Year)

(c) Place: burial or cremation

Chesed Shel Emeth

18. (a) Signature of funeral director

H.B. Berger

(b) Address

4715 McPherson

19. (a)

JAN 26 1940

(Date received local Registrar)

(b)

[Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4914 Page
 (If rural, give location) (6)
 (e) If foreign born, how long in U. S. A.? (UNIK) years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 26
 year 1940 hour 3 minute A M.

21. I hereby certify that I attended the deceased from June
 _____, 1934, to 1/26, 1940
 that I last saw her alive on 1/26, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Duration

3 1/2 hrs

Due to Common duct biliary stone 1 wk

Due to _____

Other conditions Hypertension
Diabetes mellitus
 (Include pregnancy within 3 months of death)

Major findings:

Of operations

Chronic Cholecystitis
+ lithiasis

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature

N.L. Mistachkin

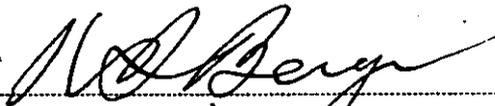
(M. D. or other)

Address 1854 N. KingshighwayDate signed 1/26/40

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.....

..... **Herbert I. Berger**, Registered Apprentice No.....
working under my personal supervision. 4715 McPHERSON AVE.
ST. LOUIS, MO.

Signed..... 

Licensed Embalmer No. 1597

P. O. Address.....

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

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