

AN 20 1940

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

Do not use this space.

1. PLACE OF DEATH

County ST. Louis Registration District No. 784
Township ST. FERDINAND Primary Registration District No. 20
City ST. Louis Rural (No. St. Louis Training School) St. _____ Ward _____

File No. 3657
Registered No. 140

2. FULL NAME Weisman, Marvin Harvey

(a) Residence, No. ST. Louis Training School Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

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>Single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JULY 7, 1929</u>		
7. AGE	YEARS	MONTHS
	<u>10</u>	<u>6</u>
		<u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>None</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) AKRON, OHIO
(STATE OR COUNTRY)

13. NAME Weisman, Maurice

14. BIRTHPLACE (CITY OR TOWN) RUMANIA
(STATE OR COUNTRY)

15. MAIDEN NAME Blitz, Florence

16. BIRTHPLACE (CITY OR TOWN) RUSSIA
(STATE OR COUNTRY)

17. INFORMANT Records at ST. Louis Training School
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Radisha DATE Jan 21, 1940

19. UNDERTAKER Oxenhulle Personal Home
(ADDRESS) 4469 Washington Blvd

20. FILED JAN 20 1940 R. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from September 18, 1933, to January 19, 1940
I last saw him alive on January 19, 1940 Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Chronic Myocarditis Date of onset 9/18/33
Broncho-Pneumonia 1/16/40
Other contributory causes of importance: 93

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) Louise F. Mangle, M. D.
(Address) ST. Louis Training School
St. Louis, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

This is to certify that I personally
embalmed the remains of the deceased
Marrin Weisman

W. B. Ashlander
3669
2469 Washington