

No. 2
4-13-40
5-17-39
X23159

Aug 28 1947 91
Registration District No.

Primary Registration District No. 1003

Registrar's No. 5987

00
17
9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis**

(c) Name of hospital or institution..... **Jewish Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community..... **46 years** 0 (Specify whether
- years, months or days)

3. (a) PRINT FULL NAME..... **Pearl Weinberg**

3. (b) If veteran, name war..... **no**

3. (c) Social Security No..... **no**

4. Sex..... **female** 5. Color or race..... **white**

6. (a) Single, widowed, married, divorced..... **widow**

6. (b) Name of husband or wife..... **Samuel Weinberg**

6. (c) Age of husband or wife if alive..... **8-1-1875** years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 **11** **21** hi. min.

9. Birthplace..... **Galicia Austria, Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **at home**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Samuel Jacob Klein**

13. Birthplace..... **Austria** 4
(City, town, or county) (State or foreign country)

14. Maiden name..... **EVA**
(City, town, or county) (State or foreign country)

15. Birthplace..... **Austria** 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... **J. Weinberg**

(b) Address..... **924 Eastgate**

17. (a) **burial** (b) Date thereof **7/23/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Shesed. Shel-Emeth**

18. (a) Signature of funeral director..... **Berger Memorial**

(b) Address..... **4715 N. Pherson**

19. (a) **JUL 22 1947** (b) **J. H. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State..... **Missouri** (b) County..... **17**

(c) City or town..... **St. Louis** (If outside city or town limits, write "RURAL")

(d) Street No..... **4632 Vernon** **12**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **citizen** **46 years** **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**
year **1941** hour **2** minute **4** A. M.

21. I hereby certify that I attended the deceased from **Oct. 14-1932-**
....., 19....., to..... **July 22**....., 19 **41**

that I last saw her alive on..... **July 22**....., 19 **41**;
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Carcinoma of the lung with metastasis to the spinal cord** **8 weeks**

Due to.....

Due to.....

Other conditions..... **Bronchopneumonia** **4 days**
(Include pregnancy, within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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?.....

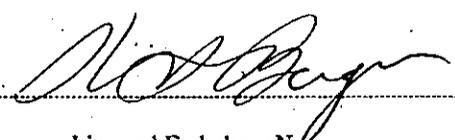
23. Signature..... **A. Haber M.D.** (M. D. or other) **D**

Address..... **818 University Club Bldg** Date signed..... **7-22-41**

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.....



Licensed Embalmer No.....

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, fact should be so stated above.