

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

FILED MAR 15 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2047**

1. PLACE OF DEATH:

(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:  
**Jewish Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **24 years**  
In this community..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **Rose Weinstein**

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 **married**

6. (b) Name of husband or wife **Raynard Weinstein** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. **March 20, 1914**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**28 11 11** hr. min.

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

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER { 12. Name **Isadore Aftergut**  
13. Birthplace **Poland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Bella Mandel**  
15. Birthplace **Poland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **M. Weinstein**  
(b) Address **4551 Cote Brilliante**

17. (a) **Burial** (b) Date thereof **5/5/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hevre Kedisha Berger Memorial**

18. (a) Signature of funeral director.....  
(b) Address **4715 Mc Pherson**

19. (a) **MAR 2 1943** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's 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. **4551 Cote Brilliante**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12<sup>th</sup>**  
year **1943** hour **10** minute **P** M.

21. I hereby certify that I attended the deceased from **Feb. 20-43**  
19 **43** to **March 1**, 19 **43**  
that I last saw h..... alive on **March 1**, 19 **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**For adv Pulm T by**  
**Tuberculous Pneumonia**  
Due to.....  
**T B**

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
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 **J. F. Bredek** (M. D. or other)  
Address **622 Union Club Rd** Date signed **3/17/43**

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**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.....

*W. A. Berger*

Licensed Embalmer No. <sup>1397</sup>.....

P. O. Address.....

4715 *McCherson*

**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.**