

FILED AUG 1943

1818

1003

7028

Registration District No. 1818

Primary Registration District No. 1003

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 _____
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Benjamin Weenick

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-03-1418

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie Weenick 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Sept. 2 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 10 30 hr. min.

9. Birthplace London England
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business Insurance Agency

12. Name Morris Weenick

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Etta Lazarus

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Weenick

(b) Address 818 S. Hanley

17. (a) Burial (b) Date thereof 8-4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'nai Amoona Cem.

18. (a) Signature of funeral director Herman Rudstam

(b) Address 5216 Delmar Blvd.

19. (a) 8-3-43 (b) J. F. Brebeck
(Date received final registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5871a Washington Av
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1943 hour 5:30 minute 9 M.

21. I hereby certify that I attended the deceased from July 9 1943 to Aug 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach metastatic to peritoneum

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) H6

Major findings: Of operations _____ Of autopsy _____

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 Arthur J. ... (M. D. or other) md
 Address 634 N. ... Date signed 8/3/43

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

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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. W. Cooper*

Licensed Embalmer No..... *3830*

P. O. Address..... *5216 Delmar*

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.