

S. No. 2  
DM-2-43  
5-17-39  
X38697

30524

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8784

1. PLACE OF DEATH:  
(a) County St. Louis  
(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 \_\_\_\_\_ (Specify whether)  
years, months or days 0

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 718 Limit  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jennie Weisler

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jacob Weisler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased not known  
(Month) (Day) (Year)

8. AGE: Years about 75 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name not known 13. Birthplace Russia  
(City, town, or county) (State or foreign country)

14. Maiden name unknown 15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Her Gellerman  
(b) Address 2 Lindwall Lane

17. (a) Burial (b) Date thereof 10-4-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Chesed Shel Emeth

18. (a) Signature of funeral director Herman Rindshof  
(b) Address 5216 Delmar

19. (a) OCT 4 1943 (Date received local certificate)  
(b) J.F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4  
year 1943 hour one minute 30 A.M.

21. I hereby certify that I attended the deceased from September 11<sup>th</sup>, 1943 to Oct. 14, 1943  
that I last saw her alive on Oct. 3, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Ovary  
Intestinal obstruction

Due to fracture of femur

Due to 186

Other conditions: 18  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Ovary  
Intestinal obstruction  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence 7-11-43  
(c) Where did injury occur? Home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In house  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury Fall

23. Signature Herman Rindshof (M. D. or other) no  
Address 508 N. Grand Date signed 10/4/43

Duration  
7  
Sept. 11, 43  
186  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

17  
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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..... *no H. R. Rindhoff*.....

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.**