

FILED DEC 15 1943

Registration District No. 318

Primary Registration District No. 1003

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

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) U
(d) Length of stay: In hospital or institution 9 days
In this community 36 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rebecca Weinhaus

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 Isaac Weinhaus 6. (c) Age of husband or wife if alive unk years

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

8. AGE: Years about 67 Months Days If less than one day hr. min.

9. Birthplace Minsk U.S.S.R. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Shloma Zalman Zalmanofsky

13. Birthplace U.S.S.R. (City, town, or county) (State or foreign country)

14. Maiden name Sarah Itka

15. Birthplace U.S.S.R. (City, town, or county) (State or foreign country)

16. (a) Informant Sol Weinhaus

(b) Address 5940a McPherson

17. (a) burial (b) Date thereof 11/30/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) NOV 30 1943 (b) J. F. Brudeck (Date of death) (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. 1438 E. Grand (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1943 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 21, 1943, to Nov 30, 1943; that I last saw her alive on Nov 29, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Pul edema
Due to heart
Due to heart

Other conditions large Bowel Obstruction (include pregnancy within 3 months of death)
Major findings: due to Cancer of Rectum
Of operations Obstruction of Colon
Of autopsy Obstruction of Colon

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. Brudeck (M. D. or other) M.P.
Address 716 S. Kings Highway Date signed 11/30/43

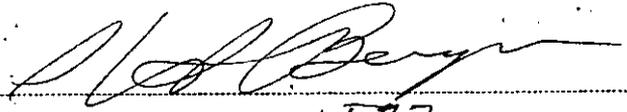
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STATEMENT BY LICENSED EMBALMER

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..... 

Licensed Embalmer No. 1597

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.