

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4534  
Registrar's No. 222

FILED JAN 5 1944  
Registration District No. 5044

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
607 Westgate  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 years (Specify whether years, months or days)

In this community 39 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis <sup>96</sup>

(c) City or town University City <sup>5</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 607 Westgate  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME Charles C. Weitzman

3. (b) If veteran, name war no

3. (c) Social Security No. 499-05-9814

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24  
year 1944 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from March  
1934, 19  , to January 24, 1944.  
that I last saw him alive on January 24, 1944.  
and that death occurred on the date and hour stated above.

4. Sex male <sup>0</sup>

5. Color or race white

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

6. (b) Name of husband or wife Sophie Lipman Weitzman

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased January 23, 1897  
(Month) (Day) (Year)

Immediate cause of death Bronchial Asthma  
(Pt. sides) West Point

Duration 10 yrs

8. AGE: Years 47 Months 0 Days 1  
If less than one day    hr.    min.

Due to   

Due to   

Other conditions     
(Include pregnancy within 3 months of death)

9. Birthplace Cherzon U.S.S.R. <sup>b</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation Pres. & Gen Mgr.

Major findings:  
Of operations   

Of autopsy none <sup>11x</sup>

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

11. Industry or business Ladies wear, wholesale

12. Name Nathan Weitzman <sup>1</sup>

13. Birthplace unknown U.S.S.R. <sup>b</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Hinda Payis

15. Birthplace unknown U.S.S.R. <sup>b</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert E. Weitzman

(b) Address 607 Westgate

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/26/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

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?   

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave.

19. (a) JAN 28 1944 (b) E. G. McPherson, M.D.  
(Date received local registrar) (Registrar's signature)

While at work?    (Specify type of place) (c) Means of injury   

23. Signature E. G. McPherson <sup>no</sup> (M. D. or other)

Address 63 E. IV of Grand Date signed 1/25/44

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

16  
5

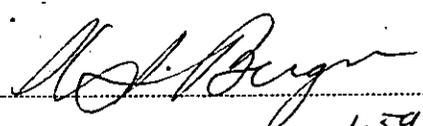
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**STATEMENT BY LICENSED EMBALMER**

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.**