

2
5-43
7-39
X36671

FILED JUN 28 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5374

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
46 years 0 (Specify whether years, months or days)

In this community 46 years 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred Weissmann

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Yetty Weissmann

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

7. Birth date of deceased April 18, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 1 25 hr. min.

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

10. Usual occupation Attorney

11. Industry or business.....

MOTHER FATHER

12. Name Herman Weissmann

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

14. Maiden name Rose (unk.)

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

16. (a) Informant Morris Weissmann

(b) Address 8113 S. Broadway

17. (a) Burial (b) Date thereof 6/15/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 Mc. Pherson

19. (a) JUN 14 1944 J. F. Bereman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 25-17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 919 N. 18th
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1944 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from June 9 to June 13, 1944
that I last saw alive on June 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus Duration

Due to 61

Due to 61

Other conditions urethral stricture
(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.....

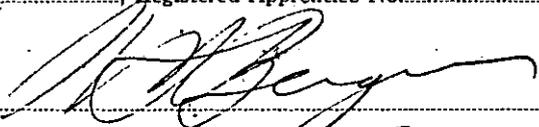
23. Signature J. F. Bereman (M. D. or other) M.D.
Address 3722 Washington Date signed 6/17/44

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

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.