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M-5-43  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29939**  
Registrar's No. **8504**

FILED OCT 13 1944  
Registration District No. **818**

Primary Registration District No. **1003**

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

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)

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. 63 Lake Forest  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Sophie Weisstein  
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 Daniel Weisstein  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
ab. 75 hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Solomon Poulin  
13. Birthplace Poland  
(City, town, or county) (State or foreign country)

14. Maiden name Kate (unk.)  
15. Birthplace Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Spitzer  
(b) Address 63 Lake Forest

17. (c) Burial (b) Date thereof 10/6/44  
(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 115 Mc Pherson

19. (a) OCT 6 1944 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4  
year 1944 hour 10 p. minute  M.  
21. I hereby certify that I attended the deceased from Sept. 27  
1944 to Oct. 4, 1944  
that I last saw her alive on Oct. 4, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cerebral hemorrhage

Duration  
1 week

Due to.....  
Due to.....

Other conditions Arteriosclerotic cardio  
(Include pregnancy within 5 months of death) vascular disease

5 yrs  
PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....

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?

White at work?..... (Specify type of place) (f) Means of injury.....  
23. Signature Peter J. Bredeck M. D. or other)  
Address 462 N. Taylor Ave Date signed 10/5/44

(Licensed Embalmer's Statement on Reverse Side)

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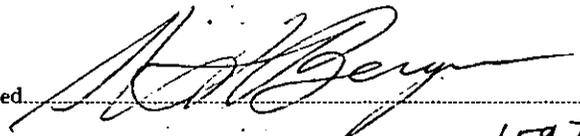
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**STATEMENT BY LICENSED EMBALMER**

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.**