S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39922

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10788

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 4 DAYS (Specify whether

In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 6

(c) City or town St. LOUIS 11
(If outside city or town limits, write "RURAL")

(d) Street No. 5811 Cote Brilliante
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Isaac WINER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife IDA WINER

6. (c) Age of ~~husband~~ or wife if alive 60 years

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

8. AGE: Years 70 Months Days If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name SHMULTZVA WINER
13. Birthplace (City, town, or county) RUSSIA (State or foreign country)

MOTHER
14. Maiden name Chana ANIA
15. Birthplace (City, town, or county) RUSSIA (State or foreign country)

16. (a) Informant Ida Winer
(b) Address 5811 Cote Brilliante

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-19-44 (Month) (Day) (Year)

(c) Place: burial or cremation Chevrah Kadisha

18. (a) Signature of funeral director Oberhandler
(b) Address 4469 Washington

19. (a) DEC 12 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18 year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-2-1944, 19 to 12/18/1944, 19 ; that I last saw him alive on 12/17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
fecal impaction —
~~[illegible]~~ hemorrhage G.I. Tract.

Due to Ca of G.I. Tract?

Due to (General Intestinal)

Other conditions Arteriosclerotic
(Include pregnancy within 3 months of death) Heart disease

Major findings:
Of operations —

Of autopsy not made.

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Dr Herman J. Rosenfeld (M. D. or other)

Address 618 Hall Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

not embalmed

Signed W. J. Henhandler

Licensed Embalmer No. 3669

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.