

V. S. No. 2  
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Rev. 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

32492

State File No. \_\_\_\_\_

FILED OCT 25 1945  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 9015

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)

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

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis Weissman

3. (b) If veteran, name war I World

3. (c) Social Security No. 494-03-2653

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 10, 1909  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>3</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace St. Louis \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation designer

11. Industry or business Ladies dresses

12. Name Charles Weissman

13. Birthplace Kamenetz Poldolsk USSR \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Rose Elman

15. Birthplace Kamenetz Poldolsk USSR \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sayetta

(b) Address 104 W. Monroe Kirkwood, Mo

17. (a) burial (b) Date thereof 10/19/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McKerson Avenue

19. (a) OCT 19 1945 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. 5620 Julian \_\_\_\_\_  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct - day 18  
year 1945 - hour 3 AM - minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct - 4  
\_\_\_\_\_ 1945 to Oct - 18 \_\_\_\_\_ 1945;

that I last saw him alive on October 17 \_\_\_\_\_ 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Stenosis

Of operations \_\_\_\_\_

Of autopsy NONE

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. Bredeck \_\_\_\_\_ (M. D. or other)  
Address 104 W. Monroe \_\_\_\_\_ Date signed 10/18/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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17  
9

**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. 5  
working under my personal supervision.

Signed *W. H. Bergin*.....

Licensed Embalmer No. ....

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.**