DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1946

State File No. 19030

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4213

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (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 O

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 5

(d) Street No. 5570 Cates (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Blanche Weinberg

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem. 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Max Weinberg

6. (c) Age of husband or wife if alive 65 years

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

8. AGE: Years	Months	Days	If less than one day
About 56			hr. min.

9. Birthplace Carlinville (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER 12. Name Thomas Cole

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

MOTHER 14. Maiden name Sarah Ross

15. Birthplace Carlinville, (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Mr. Max Weinberg

(b) Address 5570 Cates

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-10-46 (Month) (Day) (Year)

(c) Place: burial or cremation Carlinville, Illinois

18. (a) Signature of funeral director H. Rinda

(b) Address 5216 Delmar Blvd.

19. (a) MAY 9 1946 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year hour 5 minute 45 A M.

21. I hereby certify that I attended the deceased from Dec 1945 to May 8 1946 that I last saw h alive on May 8 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary arter occlusion	48 hrs
Due to arteriosclerotic heart dis	Several years
Due to Arteriosclerosis general	" "
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Llewellyn Lee (M. D. or other)

Address 4500 Olive St Date signed 5/8/46

(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.

Signed H C Burgess

Licensed Embalmer No. 4029

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.