

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38178**

FILED DEC 2 1946  
Registration District No. **31**

Primary Registration District No. **3070**

Registrar's No. **3343**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Webster Groves**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**934 Twining Ave.**  
(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 **Mo.** (b) County **St. Louis**

(c) City or town **Webster Groves**  
(If outside city or town limits, write "RURAL")

(d) Street No. **934 Twining Ave.**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Jesse K. Weisberg**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **493-05-9103**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **22**  
year **1946** hour **6:25** minute **4** M.

21. I hereby certify that I attended the deceased from **11-17**  
19 **46** to **11-22** 19 **46**  
that I last saw him alive on **11-22** 19 **46**  
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife **Mabel Weisberg**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **July 25th** **1885**  
(Month) (Day) (Year)

Immediate cause of death **cerebral hemorrhage** Duration **3 days**

Due to **Hypertension** **3 yrs.**

Due to **93d**

8. AGE:	Years	Months	Days	If less than one day	
	<b>61</b>	<b>3</b>	<b>27</b>	<b>5</b>	<b>30</b> min.

Other conditions **Ch. Myocarditis**  
(Include pregnancy within 9 months of death)

Major findings: **Possible carcinomatous** PHYSICIAN \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace **Kiebo** **Russia** **6**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Sheep Skin Broker**

11. Industry or business \_\_\_\_\_

12. Name **Morris Weisberg**

13. Birthplace **Kiebo** **Russia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **Russia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mabel B. Weisberg**

(b) Address **934 Twining Ave**

17. (a) **Burial** (b) Date thereof **Nov. 25 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

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? **U**

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **M. P. Macoy** (M. D. or other) **M.D.**  
Address **715 S. Manchester** Date signed **11-25-46**

18. (a) Signature of funeral director **Watson Bocklage**

(b) Address **6536 Clayton Rd**

19. (a) **11-26-46** (b) **Antony G. [Signature]**  
(Date received local registrar) (Registrar's signature)

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

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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 Guy W. Wilkinson  
Licensed Embalmer No. 3575  
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.**