

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6894**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 334					
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton							
d. FULL NAME OF HOSPITAL OR INSTITUTION 7508 York Ave				d. STREET ADDRESS (If rural, give location) 7508 York Ave							
3. NAME OF DECEASED (Type or Print) Edith Weisman Press			a. (First)			b. (Middle)					
			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb 3, 1949					
5. SEX female	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 5 1891		9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (State or foreign country) Marshall Texas		12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME Joseph Weisman			13b. MOTHER'S MAIDEN NAME Lena Young			14. NAME OF HUSBAND OR WIFE Maurice Press					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Maurice Press		ADDRESS 7508 York					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH				
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon						2 years				
	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.										
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										
	DUE TO (b) _____										
	DUE TO (c) _____										
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
	153X										
	46										
19a. DATE OF OPERATION //		19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon, metastases				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Oct. , 19 46 , to Feb. , 19 49 , that I last saw the deceased alive on 2/3 , 19 49 , and that death occurred at 10:30 m., from the causes and on the date stated above.											
23a. SIGNATURE J. E. Greenwald (Degree or title) MD				23b. ADDRESS 4500 Olive Street				23c. DATE SIGNED FEB - 5 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/5/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai		24d. LOCATION (City, town, or county) (State) St. Louis Co.					
DATE REC'D BY LOCAL REG. 2-6-49		REGISTRAR'S SIGNATURE Thurmond L. Lunge			25. FUNERAL DIRECTOR'S SIGNATURE Mayer			ADDRESS 4356 Lindell			

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Clement McManis.....

Signed.....

Student Embalmer

Licensed Embalmer No. 3732.....

P. O. Address St. Louis.....

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.