

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10742

State File No. ....

FILED MAR 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2169**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2059**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Jewish Hospital** d. STREET ADDRESS (If rural, give location) **5 5885 Bartmer**

3. NAME OF DECEASED (Type or Print) a. (First) **Jane** b. (Middle) \_\_\_\_\_ c. (Last) **WEITZBUCH** 4. DATE OF DEATH (Month) (Day) (Year) **March 7, 1952**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Unknown ab. 70** 9. AGE (In years last birthday) **ab. 70** IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shamus** 10b. KIND OF BUSINESS OR INDUSTRY **Religious** 11. BIRTHPLACE (State or foreign country) **U.S.S.R** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Meyer Weitzbuch** 13b. MOTHER'S MAIDEN NAME **Rachel Unt** 14. NAME OF HUSBAND OR WIFE **Cather**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Cather Weitzbuch** ADDRESS **5885 Bartmer**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) \_\_\_\_\_ MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral thrombosis** INTERVAL BETWEEN ONSET AND DEATH **3 days**

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES DUE TO (b) **Hypertension** Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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 WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **332X**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1945, to **Mar 6, 1952**, that I last saw the deceased alive on **Mar 6, 1952**, and that death occurred at **1:52** m., from the causes and on the date stated above.

23a. SIGNATURE **Barrett L. Tansig** (Degree or title) **M.D.** 23b. ADDRESS **4500 Olive St. St. Louis** 23c. DATE SIGNED **Mar 7, 52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **3/7/52** 24c. NAME OF CEMETERY OR CREMATORY **Cheval-Blanc** 24d. LOCATION (City, town, or county) (State) **University City Mo.**

DATE REC'D BY LOCAL REG. **MAR 7 1952** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **W.A. Berger Memorial** ADDRESS **4715 Mc Pherson**

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

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
*Dennis S. Ludwig*

Signed.....

Student Embalmer

Licensed Embalmer No. *4229*

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.