

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44536

State File No. ....

FILED DEC 17 1953

318

1003

Registrar's No. 11747

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) (township) 5 days		c. CITY OR TOWN St. Louis		d. In residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 23 1246 South Broadway 2239						
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) WEISSMAN		c. (Last) WEISSMAN		4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 10, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. Ab 62		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scrap Dealer			10b. KIND OF BUSINESS OR INDUSTRY Metal		11. BIRTHPLACE (City and State or Foreign Country) Russia			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Abraham Weissman			13b. MOTHER'S MAIDEN NAME Frieda Unknown			14. NAME OF HUSBAND OR WIFE Esther Weissman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Esther Weissman					ADDRESS 1246 S. Broadway	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral artery thrombosis, right  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Uræmic encephalopathy  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260x						
22. I hereby certify that I attended the deceased from 12-7-53, 19__, to 12-10-53, 19__, that I last saw the deceased alive on 12-10-53, 19__, and that death occurred at 7:45P m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) L. E. Taylor M.D.				23b. ADDRESS 1515 Lafayette Avenue			23c. DATE SIGNED 12-11-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/13/1953		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City, Mo.				
DATE REC'D BY LOCAL REG. DEC 14 1953		REGISTRAR'S SIGNATURE K. C. Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson Ave.					

WRITE PLAINLY—USING 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Quo J. Judwig*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.