

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32739

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 2248	
1. PLACE OF DEATH a. COUNTY St. Louis, Mo				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 town or township) Rural; airport township		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 3538 Sidney St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Sanatorium				d. STREET ADDRESS (If rural, give location) 3538 Sidney St.			
3. NAME OF DECEASED (Type or Print) a. (First) ROSE		b. (Middle)		c. (Last) WEISS		4. DATE OF DEATH (Month) (Day) (Year) Sept. 22 1954	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH (unk)	
9. AGE (In years last birthday) ab 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home-Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) Roumania	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home-Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) Roumania		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME (Unk) Schachman		13b. MOTHER'S MAIDEN NAME (unk)		14. NAME OF HUSBAND OR WIFE Jacob Weiss			
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 Mrs. H. Jaffee			
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) Carcinoma of Stomach				INTERVAL BETWEEN ONSET AND DEATH Months	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES 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.					
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)		151X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 28 1953, to Oct. 22, 1954, that I last saw the deceased alive on Oct 22, 1954, and that death occurred at 4:40 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Mary H. Jaffee M.D.				23b. ADDRESS 462 No. Taylor		23c. DATE SIGNED 9/23/54	
24b. DATE 9/24/54		24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cem.		24d. LOCATION (City, town, or county) (State) Univ. City, Mo.			
DATE REC'D BY LOCAL REG. 9-23-54		REGISTRAR'S SIGNATURE Herbert A. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson			

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lawrence J. Dineen

Licensed Embalmer No. 3988

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.