

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6604

State File No.

0659

FILED FEB 24 1955
BIRTH NO. 11516-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN University City
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp. 0		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS 875 Berick		(If rural, give location) 4006	
3. NAME OF DECEASED (Type or Print) a. (First) Linda b. (Middle) Louise c. (Last) Weintraub			4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0	8. DATE OF BIRTH Jan. 12, 1955
9. AGE (In years last birthday) 10		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? usa		13. FATHER'S NAME Sam Weintraub	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Suzanne Moss	14. NAME OF HUSBAND OR WIFE None
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 Sam Weintraub
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, ashenia, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS 875 Berick Ave.	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized tonic convulsions</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congenital Hrt. Disease; Cyanotic type</u>			
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)			
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? 7544			
22. I hereby certify that I attended the deceased from <u>1-12</u> , 19 <u>55</u> , to <u>1-22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-22</u> , 19 <u>55</u> , and that death occurred at <u>11:57 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Hubert A. Meyer M.D.</u>		23b. ADDRESS <u>337 N. Euclid</u>	
23c. DATE SIGNED <u>1-24-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>1/23/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>Univ. City, Mo.</u>	
DATE REC'D BY LOCAL REG. JAN 24 1955		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>M & B</u>		ADDRESS <u>Berger Memorial 4715 McPherson</u>	

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.....
Signature of Student Embalmer

Not Embalmed
Signed..... *James G. ...*

Licensed Embalmer No..... *38*

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.