

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42966**

FILED JAN 12 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **3008**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Mo.</b>		c. CITY OR TOWN <b>University City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>8 wks.</b>		e. STREET ADDRESS (If rural, give location) <b>7368 Melrose</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>SAM</b> b. (Middle) <b>WEINTRAUB</b> c. (Last) <b>WEINTRAUB</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 23, 1955</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Mar.</b>	8. DATE OF BIRTH <b>May 15, 1895</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Presser</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Womens Garm. Manf.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>USSR</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Aaron Weintrub</b>	13b. MOTHER'S MAIDEN NAME <b>Rachael (Unk)</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Dora Soroky</b> ADDRESS <b>1245 Shawmut</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary carcinoma</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>163x</b>		

19a. DATE OF OPERATION <b>Nov 7, 1955</b>	19b. MAJOR FINDINGS OF OPERATION (Specify) <b>Amplastic carcinoma of axillary lymph</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Collegeville</b> (STATE) <b>Mo.</b>
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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?
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22. I hereby certify that I attended the deceased from **Oct 23, 1955** to **Dec 23, 1955**, that I last saw the deceased alive on **Dec 23, 1955**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold Franklin MD</b>	23b. ADDRESS <b>4409 West Pine</b>	23c. DATE SIGNED <b>12/23/55</b>
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24a. BURIAL, CREMATION, REPOUR. (Specify) <b>Burial</b>	24b. DATE <b>12/26/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>	24d. LOCATION (City, town, or county) (State) <b>University City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-24-55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Blomquist</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b> ADDRESS <b>4715 McPherson</b>
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*bc* (Licensed Embalmer's Statement on Reverse Side)

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

107511

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.....  
*Lawrence J. Deen*

Licensed Embalmer No. 398

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.