

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25314**  
Registrar's No. **6176**

FILED JUL 25 1956

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE _____ b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>2 days</b>		c. CITY OR TOWN <b>University City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge</b>				e. STREET ADDRESS <b>6609 Clemens</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LEON</b> b. (Middle) <b>WEINSTEIN</b> c. (Last) _____			4. DATE OF DEATH <b>June 28, 1956</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marr.</b>		8. DATE OF BIRTH <b>June 10, 1886</b>	
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manf.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe supplies</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Roumania</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Morris Weinstein</b>			13b. MOTHER'S MAIDEN NAME <b>Fannie Hershcovitz</b>			14. NAME OF HUSBAND OR WIFE <b>Marie</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marie Weinstein</b> ADDRESS <b>6609 Clemens</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarct</b> ANTECEDENT CAUSES <b>General arteriosclerosis</b> DUE TO (b) <b>Glomerulonephritis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Diabetes Mellitus</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>3 yrs</b> <b>2 yrs</b> <b>10 yrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>260x</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? _____			
22. I hereby certify that I attended the deceased from <b>May 15, 1956</b> , to <b>June 28, 1956</b> , that I last saw the deceased alive on <b>June 27, 1956</b> , and that death occurred at <b>12:00 Noon</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>D. L. Mistachkin M.D.</b> (Degree or title) _____				23b. ADDRESS <b>1375 So Grand</b>		23c. DATE SIGNED <b>6/30/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>		24b. DATE <b>7/1/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>B'nai Ammona</b>		24d. LOCATION (City, town, or county) (State) <b>University City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 2 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b> ADDRESS <b>4715 McPherson</b>			

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

Signed *Edward J. Deane*.....

Licensed Embalmer No. 3986

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.