Health, & Welfare Public Service

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FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-005937
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 377

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): KANSAS City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give location): BERKSHIRE HOTEL 1021 LINWOOD Blvd. — Length of stay in 1b: 19 YEARS

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): BERKSHIRE HOTEL 1021 LINWOOD Blvd. — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: FRANCES Middle: LOUISE Last: WEINBERGER

**4. DATE OF DEATH** Month Day Year: FEB. 20, 1958

**5. SEX:** FEMALE

**6. COLOR OR RACE:** WHITE

**7. MARRIED** [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

**8. DATE OF BIRTH:** Oct. 28, 1907

**9. AGE** (In years last birthday): 50 — 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): CO-OWNER

**10b. KIND OF BUSINESS OR INDUSTRY:** A-1 OFFICE Supply

**11. BIRTHPLACE** (City and state or country): GUTHRIE, OKlahoma

**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13a. FATHER'S NAME:** DAVID WEINBERGER

**13b. MOTHER'S MAIDEN NAME:** MARY LEFKOWITZ

**14. NAME OF HUSBAND OR WIFE:** ——

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service): ——

**16. SOCIAL SECURITY NO.:** 494-12-9945

**17. INFORMANT:** LILLIAN BEERS Address: 1021 LINWOOD Blvd. KANSAS City Mo.

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Ventricular Fibrillation | 3 min |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Acute Recurrent Coronary Thrombosis | 5 min |
| DUE TO (c) | Atherosclerotic Heart Disease | 9 years |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4250

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED WHILE AT WORK** [ ] **NOT WHILE AT WORK** [ ]

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from 1949, to 2-20-58 and last saw her alive on about Jan 15, 1958
Death occurred at 4:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** L. F. Steffen M.D. (Degree or title)
**22b. ADDRESS** 1103 Grand Ave KC. Mo
**22c. DATE SIGNED** 2-22-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**23b. DATE:** FEB. 23, 1958
**23c. NAME OF CEMETERY OR CREMATORY:** ROSE Hill CEMETERY
**23d. LOCATION** (City, town, or county) (State): KANSAS City, MISSOURI

**24. FUNERAL DIRECTOR:** D.W. NEWCOMER'S SONS ADDRESS: 1331 BROOM CREEK KANSAS City, Mo.
**25. DATE RECD. BY LOCAL REG.:** 2-22-58
**26. REGISTRAR'S SIGNATURE:** Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

L. F. Steffen

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 ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No. 4401

P. O. Address Kansas City

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.